



Acting Guardian Authorisation Form

For Under 18s

Personal Information of Student

Name of Student			
Date of Birth			
Passport/ID card Number			
Home Address			
Enrolled to study at	CELTA - Centre for English Language Teaching 20-22 North Road, Cardiff. CF10 3DY Wales		
Dates of Study	From: dd/mm/yyyy		To: dd/mm/yyyy

Personal Information of Parents and Acting Guardian

First Name of Parent(s):		Family Name of Parent(s):	
First Name of Guardian:		Family Name of Guardian:	
Relationship to Student	Legal Guardian <input type="checkbox"/>	Relative (what type?) <input type="checkbox"/>	
	Family Friend <input type="checkbox"/>	Other (please specify): <input type="checkbox"/>	
Home Address of Guardian			
Mobile Number:			
Email Address:			

I confirm that I am the parent of the student and I authorise the above named person to act as my son/daughter's guardian while my son/daughter is studying at CELT Cardiff and that I give my permission for them to make decisions on my behalf.

Name of Parent:	
Date (dd/mm/yyyy):	
Signature:	