Birla Open Minds International School
in Association with BML Welfare Trust,
N.H 44, Pampore (Galander), Kashmir 192121
8899333684 / 8899333685

Affiliated to CBSE under Affiliation No: 730118

Guardian Photo

GUARDIAN FORM

Name of Student: _____

Father's Name: _____

Father's Email: _____

Father's Phone Number: _____

Mother's Name: _____

Mother's Email: _____

Mother's Phone Number: _____

GUARDIAN DETAILS:

Name of Guardian: _____

Relationship to the Student: _____

Guardians' Email: _____

Guardians Phone number: _____

Guardians Adhaar Number: _____

Guardians Date of Birth: _____

Guardians Nationality: _____

Guardians Address: _____

_____

I hereby provide consent for the school to disclose information regarding the student, encompassing medical, behavioural, and academic aspects, to the appointed guardian. Additionally, I grant authorization for the designated guardian to retrieve my ward from the campus in my absence and in situations of emergency

Name: _____ F/o M/o: _____

Signature: _____ Date: _____

Note: Please note that the designated guardian must be a relative of the student (Grandparents/Uncle/Aunt/Cousin etc.) and must be over 25 years of age.