



Stamford American
SCHOOL HONG KONG

DECLARATION AND UNDERTAKING FORM¹ **(TO BE COMPLETED BY PARENTS APPOINTING A LOCAL GUARDIAN)**

Before completing this form:

The safety and well-being of all our students is our first priority. For this reason, the School must be kept aware of any arrangements affecting the care and well-being of its students.

It is important that you carefully read and understand this document. **By signing this form, you acknowledge that you have read and understood all the terms, declarations and undertakings contained in this form and agree to be bound by them.**

Please note that the local guardian(s) appointed by you must be a responsible adult who is presently residing in Hong Kong.

Student's Details:

Name: _____

Preferred Name (Nickname): _____

Gender: M/F _____

Grade Level: _____

Stamford Student ID Number: _____

Date of Birth: _____

Nationality: _____

Passport Number: _____

Passport Expiration Date: _____

Hong Kong Visa Expiration Date: _____

Residential Address: _____

Telephone (residence): _____

Telephone (mobile): _____



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Local Guardian Information:

Legal Name: _____

Preferred Name (Nickname): _____

Gender: M/F _____

Date of Birth: _____

Nationality: _____

Passport Number: _____

Passport Expiration Date: _____

Hong Kong Identity Card Number: _____

Hong Kong Visa Expiration Date: _____

Residential Address: _____

Telephone (residence): _____

Telephone (work): _____

Telephone (mobile): _____

Email Address: _____

Language(s) Spoken: _____

Relationship to Student: _____



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1. As the Parent of _____ (Student Name), a student at Stamford American School Hong Kong, I hereby appoint the above person(s) as the local guardian(s) who shall have the authority to make all decisions in relation to the Student, including but not limited to matters relating to the Student's education, health, welfare, safety, medical procedures and security and the School is hereby requested and authorised to act on such decisions, directions and instructions of the local guardian(s) in all matters in relation to the Student. I confirm that the School may, but shall not be obliged to contact or communicate with me in respect of such decisions, directions and instructions of the local guardian(s).
2. I confirm that the School may communicate with the local guardian(s) on all such matters relating to the Student, including the Student's performance, conduct and other matters. I acknowledge that such communication between the School and the local guardian(s) shall be deemed to be communication between the School and me, and shall bind me accordingly.
3. I acknowledge that before the commencement of each School Year, I may be contacted by the School to confirm whether the local guardian(s) of the Student appointed by me (as per the School's records) is authorised to continue acting as the local guardian(s) of the Student.
4. I also hereby undertake to:
 - (1) Inform the School immediately, and in any case, within seven (7) days should there be any change to my contact details as set out below; and
 - (2) Complete a new declaration and guardianship form prepared by the school if a replacement local guardian is required. I understand that the school also requires me to personally submit the form, together with the replacement local guardian (who shall be a responsible adult), in the presence of a representative appointed by the school.

I declare that it is my personal decision to appoint the person(s) listed above as the local guardian(s) of the Student and that I have had the opportunity to conduct adequate checks to satisfy myself as to the suitability of the aforementioned person(s) to act as the local guardian(s) of the Student. I acknowledge that the School takes no responsibility over my arrangement with the local guardian(s).

I acknowledge that the School does not assume any responsibility for any personal injury or loss of personal belongings which may be suffered by the Student outside the school compound, outside of school hours or during activities which are not organised by the School.

I agree to compensate the School in full on demand for all losses and expenses incurred by the School in respect of any false declaration or breach by me of any term(s), or undertaking(s) in this form or arising from any decision(s) made by the aforementioned appointed local guardian(s) in relation to the Student as set out in paragraphs 1 and 2 above.

I acknowledge that the School reserves the right to remove the Student from the School in accordance with the School's terms and conditions should it be found, in the School's professional judgment, that the Student is not adequately cared for or supervised, or if any of the terms, declarations or undertakings in this form are not complied with and such non-compliance remaining unresolved for a period of thirty (30) days after the School gives written notice to the Parent(s) and/or the local guardian(s).



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I accept and acknowledge the above terms. I confirm that the information as set out in this form is to the best of my knowledge, true and correct.

Parent 1 (If applicable, both parents must complete the form.)

Name: _____

Legal Parent or Step Parent: _____

Nickname: _____

Date of Birth: _____

Nationality: _____

Passport Number: _____

Passport Expiration Date: _____

Hong Kong Identity Card Number: _____

Hong Kong Visa Expiration Date: _____

Residential Address: _____

Telephone (residence): _____

Telephone (work): _____

Telephone (mobile): _____

Email Address: _____

Language(s) Spoken: _____

Parent 1 Signature

Print Name: _____

Signature: _____

Date: _____



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Parent 2 (If applicable, both parents must complete the form.)

Name: _____

Legal Parent or Step Parent: _____

Nickname: _____

Date of Birth: _____

Nationality: _____

Passport Number: _____

Passport Expiration Date: _____

Hong Kong Identity Card Number: _____

Hong Kong Visa Expiration Date: _____

Residential Address: _____

Telephone (residence): _____

Telephone (work): _____

Telephone (mobile): _____

Email Address: _____

Language(s) Spoken: _____

Parent 2 Signature

Print Name: _____

Signature: _____

Date: _____