



IDAHO NOVUS CLASSICAL ACADEMY

VIRTUS • SCIENTIA • FELICITAS

Guardian Authorization

I, _____ am the parent/legal guardian of the following students:

1. _____
2. _____
3. _____
4. _____
5. _____

By signing this form, I authorize _____ to act as an approved guardian for my child(ren). This includes volunteering for the school, attending meetings regarding my child(ren), and any other authority that legal guardianship offers at Idaho Novus Classical Academy.

Signature _____

Date _____

Additional guardian contact information and signature:

Email _____

Phone _____

Signature _____

Date _____

For Office Use Only

Identification verified by: _____

Signature verified date and time: _____