



Guardianship Request Form

THE PARENT(S) / GUARDIAN(S)

First and Last Name: _____

Email: _____

Phone number: _____

Skype / WhatsApp / We Chat: _____

First and Last Name: _____

Email: _____

Phone number: _____

Skype / WhatsApp / We Chat: _____

THE CHILD

First and Last Name: _____

Birth Date: _____

Email: _____

Phone number: _____

THE SCHOOL

Name of the school in the US: _____

Entering grade: _____

MEDICAL CONDITION

Does your child have any mental or physical condition that we should be aware of? _____

List any current medication: _____

Send this form to info@cogitoworldeducation.org