

Affix  
passport -size  
photograph of  
child here

## Collegiate Guardians

### Guardian Services Application

Please complete and send to Mrs Rosemary Mott at:  
Royal Well House, West Malvern Road, Malvern, Worcs., WR14 4EW, UK  
Tel: 01684 561192 Mobile: 07717307122 Fax: 01684 572989  
e-mail: rosemary@collegiateguardians.com

**Surname:**

Forename (Applicant 1)

(Applicant 2)

Address:.....

.....

.....

.....

.....

Telephone - home.....

Telephone - business.....

Telephone - mobile.....

Fax.....

e-mail.....

**Details of Child:** Forenames .....

Date of birth:..... Nationality:.....

Sex:..... Passport number:.....

Religion:..... Expiry date:.....

Any brothers and sisters?

(Give ages).....

School House:

name:.....

Address..... Housemaster/mistress.....

..... Tel:.....

Postcode..... Start date:.....

Tel.....

Any health problems?.....

Any special diet?.....

Please list child's interests/hobbies etc .....

I / We request Collegiate Guardians to act as my/our Agent for Guardianship services under the terms and conditions published by them.

Signed \_\_\_\_\_

Date:\_\_\_\_\_