

Cornerstone Families  
**Long-Term Guardianship Form**

I, \_\_\_\_\_, hereby authorize  
(Name and cell phone #) \_\_\_\_\_ to serve  
as a guardian for my child(ren), listed below, while at Cornerstone Families for (circle one)  
fall / spring \_\_\_\_\_ (year) semester. The assigned guardian will take full responsibility for  
my child(ren) and for my parental responsibilities for the entire semester of classes.

Child(ren):


In case of emergency, please contact:

Name: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Additional number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Cornerstone Committee Member Signature

\_\_\_\_\_  
Date