



International Students – U.S. Guardian Requirements

Massanutten Military Academy requires that parents of international students identify and designate a guardian, within the United States, to care for their son or daughter while enrolled at the academy. This guardian will be considered the legal authority for making decisions and acting on behalf of the parent for the student in the parents’ absences.

Requirements for Guardians:

- 1) Must be over 25 years old.
- 2) Must be a U.S. Citizen, a legal resident alien, or possess an active U.S. visa.
- 3) Must be granted Power of Attorney for medical and other services.
- 4) Must be available by phone and email for immediate contact in case of medical or physical emergency.
- 5) Must assist in providing information concerning the international student’s timely travel to and from the campus during mandatory breaks (Thanksgiving, Winter, Spring, Summer).
 - a) If the student is not traveling to their home country during these breaks, the guardian is responsible for his/her care.
 - b) If the student must leave the campus for a medical or disciplinary circumstance, the guardian will be responsible for picking the student up, caring for them, and arranging any necessary travel/arrangements with the student’s parents.
- 6) Must be available to academy administration and teachers for conferences or other pertinent meetings concerning the student’s education.

Guardian Information:

Mr./Mrs./Ms. _____ (last name) _____ (first name)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____

Primary email address: _____

By signing, I agree that I understand and agree to perform the responsibilities of a U.S. Guardian for _____ (cadet name). I will remain guardian until this student graduates from Massanutten Military Academy or the parent formally selects another approved representative to meet these obligations.

Signature and date

Signature and date



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Massanutten Military Academy requires a legal Power of Attorney be granted by the cadet's parent(s). We encourage you to seek legal advice while making this decision. If you do not have counsel, you may use this form at your discretion. By providing this form Massanutten Military Academy is in no way liable for your relationship with, authority given to, nor the actions of the attorney-in-fact named below.

Power of Attorney

State of _____

County of _____

Country of _____

Know all men by these presents

I/We, _____ (parent/s), residing at _____ (address),
_____ (city), _____ (state/province), _____ (country),
being the parent(s) of _____ (cadet), a child born on _____ (date), do
hereby appoint _____ (attorney-in-fact), residing at _____
_____ (address), _____ (city), _____ (state), United
States of America, as my Attorney-in-Fact and in my name, place and stead to take any and all actions and exercise any and
all powers that I could take or exercise for the purpose of my child, _____ (name),
while in attendance at Massanutten Military Academy, as described below:

- 1) To receive and discuss the cadet's class work and any other academic/disciplinary issues with appropriate Massanutten Military Academy employees/faculty/staff.
- 2) To authorize and sign permission forms allowing for school related travel, extracurricular participation, field trips, authorization to enroll in special academic programs, events, and tests, and all other school related consent forms.
- 3) To examine and receive copies of all the student's Massanutten Military Academy student records including but not limited to progress reports and report cards. This includes permission to login in my cadet's NetClassroom and Online Campus Community page for updates, announcements, and other school related information.
- 4) To be notified concerning medical problems and to give consent for the care and treatment of the cadet on and off campus health service facilities. This includes but is not limited to the Massanutten Military Academy Infirmary, U.S. hospitals and physician offices, dental/orthodontic practices, and physical rehabilitation clinics.
- 5) To assume responsibility for communicating, to me/us, important information concerning my/our cadet's performance and needs while studying at Massanutten Military Academy.
- 6) To perform any other duties, responsibilities, and privileges normally afforded to the parents of cadets at Massanutten Military Academy.
- 7) This Power of Attorney expires on _____ (date).



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I hereby confirm whatever such attorney-in-fact shall and may do on the behalf of the cadet by virtue of this Power of Attorney. This Power of Attorney may be revoked, in writing, by me/us at any time deemed necessary or appropriate. I will immediately notify, in writing, the attorney-in-fact and Massanutten Military Academy of any change to or revocation of this Power of Attorney.

This instrument was acknowledged before me on this _____ day of _____, 20____.

By _____

Printed name of Parent/Legal Guardian: _____

By _____

Printed name of Parent/Legal Guardian: _____

State of _____

County of _____

This instrument was signed before me on _____

by _____

Print name of signer(s)

Notary Signature

(Affix seal/stamp as close to signature as possible)