



TO: **Blackfriars Priory School**  
 PO Box 86  
 PROSPECT SA 5082

Father's Name			Date of Birth	
ID Card		Issue Date		Issued Place
Mother's Name			Date of Birth	
ID Card		Issue Date		Issued Place
Permanent Address				
Email				

We are the parents of student:

Date of Birth		
who is applying for a Visa to study at Blackfriars Priory School at 17 Prospect Road, Prospect, South Australia		
Passport No.	Issue Date	Issued Place

We nominate, as Guardian of our son:

Address		
Email		
Telephone		

We agree to let the above named have the right to take care of our son and settle emergency cases for him in the temporary duration of his study at Blackfriars Priory School. We commit to take responsibility for the above student.

Father's Signature		Date	
Mother's Signature		Date	
Witness Signature		Date	
Witness Name			