

Power of Attorney

Name(Please print) : _____

Physical Address : _____

Phone Number: _____

E-mail Address : _____

Relation to the parent(s)/
guardian(s) of the applicant : _____

I hereby delegate all authority regarding admissions and procedures to the person
above as my agent:

[*The section below must be filled in by the mandator.]

To: Principal of
Ashiya International Secondary School

Name of Parent/Guardian : _____

Signature: _____ Date(yyyy/mm/dd): / /

Physical Address : _____

Phone number: _____

E-mail address : _____