



UNCHARTED SHORES ACADEMY

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STATEMENT AUTHORIZING EDUCATIONAL CUSTODY

My signature certifies that the following information is correct:

Child's Name: _____

Age: _____

Birthdate: _____

Birthplace: _____

Printed Name of Adult Enrolling the Child: _____

Relationship to Child: _____

I certify that I have the authority to enroll this child in Uncharted Shores Academy.

Signature of Adult Enrolling the Child

Date