



MATIGNON HIGH SCHOOL
One Matignon Road Cambridge, MA 02140
Telephone (617) 876-1212
Fax (617) 661-3905

INTERNATIONAL STUDENT INFORMATION SHEET

Please print all information

Student's Name _____

Parent's Name _____

Home address _____

Home telephone number _____

Home e-mail address _____

Guardian's Name _____

Home address _____

Home telephone number _____

Work telephone number _____

Home e-mail address _____



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INTERNATIONAL GUARDIAN ACCEPTANCE FORM

I agree to serve as the legal guardian for _____ while
(Student's Name, please print)
he/she is a student at Matignon High School in Cambridge, Massachusetts. As his/her
legal guardian I understand that I will be required to take an active role in his/her
education and agree to work with the administration and faculty of Matignon High
School as outlined in the Parent/Student Handbook.

Guardian's Signature

Date

Guardian's Name (please print)