



Parent or Guardian Authorization for a Minor Student

The following authorization form must be completed by a parent or legal guardian if the applicant is a minor student (less than 18 years of age). A completed form must be on file in the admissions office before the student will be allowed to register for classes.

I, _____, am the parent or legal guardian of the minor student
(print parent/guardian's legal name)

_____, who is enrolled as an international student in one of
(print student's name)

the San Mateo Colleges of Silicon Valley, which are operated by the San Mateo County Community College District (SMCCCD). I acknowledge that the minor student is under the age of eighteen, and that I – not SMCCCD or a host family – will be held responsible for my child's actions while he/she lives in the United States. I also hereby authorize the employees of SMCCCD to obtain for the minor any medical treatments which are deemed necessary by a medical professional. I understand and agree that as the parent/legal guardian of the minor, I am and remain financially responsible for all such expenses, and I will promptly pay any invoice for the cost of such care.

In case of an emergency, here is my contact information:

Cell Phone Number: _____ **Home Phone Number:** _____

Email Address: _____

WeChat/KaKao/WhatsApp (circle one): _____

I UNDERSTAND THAT THE SAN MATEO COLLEGES OF SILICON VALLEY AND THE HOMESTAY REFERRAL PROGRAM, BOTH OPERATED BY SMCCCD, HAVE NO LEGAL RESPONSIBILITY FOR THE CARE OR WELL BEING OF THE MINOR STUDENT WHILE HE/SHE ATTENDS A SMCCCD COLLEGE. I ALSO UNDERSTAND THAT THE DISTRICT ASSUMES NO RESPONSIBILITY FOR THE ACTIONS OF ANY HOST FAMILY. I HEREBY ACKNOWLEDGE, ACCEPT, AND AGREE THAT IN ALL LEGAL ISSUES, I AM AND REMAIN RESPONSIBLE FOR THE CARE AND GUARDIANSHIP OF THIS MINOR STUDENT.

Date: _____

Parent/Legal Guardian: _____

(parent/legal guardian's signature)