

## Parent/Guardian Authorization for a Minor Student

This Authorization form must be completed by a parent or legal guardian if the applicant is a minor student (less than 18 years of age) at the start of their classes at Cañada College, College of San Mateo or Skyline College. A completed form must be on file in the admissions office before the student will be allowed to register for classes.

\_\_\_\_\_  
Print Name of Minor Student      \_\_\_\_\_  
Date of Birth (MM/DD/YYYY)      G \_\_\_\_\_  
Student ID

\_\_\_\_\_  
Print Name of Parent or Guardian      \_\_\_\_\_  
Relationship

\_\_\_\_\_(Parent/Guardian initial) I am the parent or legal guardian of the above mentioned minor student who will be/is enrolled as an international student at either Cañada College, College of San Mateo or Skyline College, 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 or well-being while my child lives in the United States. My valid form of government-issued identification in English is attached (e.g. Driver's license, Passport).

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

**Cell Phone Number:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\_\_\_\_\_(Parent/Guardian initial) I hereby designate the person named below as an emergency contact in the United States and authorize this person to obtain for the minor any medical and/or dental treatments which are deemed necessary by a medical/dental professional.

### Designated Person in California (preferred) OR in the U.S.

\_\_\_\_\_  
Print Name      \_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address in the U.S. (Street Number and Name, City, State)

\_\_\_\_\_  
Phone Number in the U.S.      \_\_\_\_\_  
E-mail Address

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 HAS NO RELATIONSHIP WITH ANY HOMESTAY COMPANY AND ASSUMES NO RESPONSIBILITY FOR THE ACTIONS OF ANY HOST FAMILY OR HOMESTAY COMPANY. 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. *This authorization will remain in effect until the 18th birthday of the listed minor.*

Date: \_\_\_\_\_ Parent/Legal Guardian: \_\_\_\_\_  
(Parent/Legal Guardian's Signature)