



Office of International Programs

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Legal Guardian Consent Form for F-1 Status International Students Under 18

City College of San Francisco (CCSF) welcomes all international students to apply. To be considered for admission at CCSF, the age requirement for the applicant is 18 years or older. If the applicant is under the age of 18, the applicant must be a high school graduate. The parent/guardian of the applicant must complete this form which authorizes the applicant's participation in courses offered by City College of San Francisco, and authorizes the employees of CCSF to obtain for the minor any immunizations, medical and/or dental treatments deemed necessary.

The Legal Guardian must also provide CCSF with the information of a guardian who is living in the San Francisco Bay Area and will be responsible for the applicant's personal well-being and legal matters during his/her study in CCSF. Please complete this form and return along with a copy of your child's high school diploma (and an official English translation of the original diploma if it is not in English) together with the application package to our office. Failure to provide a legal U.S. guardian and proof of high school completion or equivalent will result in the denial of your child's admission to CCSF.

Section I: Student Information (Please legibly PRINT all information requested)

Name: _____
(As it appears in the passport) **Last Name/Family Name/ Surname** **First Name/Given Name** **Middle Name**

Email Address: _____ Date of Birth (mm/dd/yyyy): _____

List all current medical problems (and medication currently being taken) including psychological difficulties, serious allergies (animal, food, medicine), and physical limitations of the child as follows (attach a separate page if necessary):

Section 2: U.S. Guardian Information in S.F. Bay Area (Please include a copy of U.S. legal photo I.D. or passport)

Name: _____
(As it appears in the passport) **Last Name/Family Name/ Surname** **First Name/Given Name** **Middle Name**

U.S. Address: _____
(Address) (Street) (City) (State) (Zip Code)

Email Address: _____ Relationship to Applicant: _____

Date of Birth (mm/dd/yyyy): _____ Home Phone Number: _____ Cell Phone Number: _____

Section 3: Guardian Acknowledgement (Please check all the following to acknowledge your understanding)

- I understand that City College of San Francisco (CCSF) strongly recommends that minor students live either with family or family friends or under the supervision of a host family until they turn 18.
- I understand that the college has no legal responsibility for the care or well being of the minor student wherever he or she chooses to live while in the U.S. attending CCSF.
- I understand that the CCSF has no relationship with any homestay company and assumes no responsibility for the actions of any host family or homestay company.
- I authorize the student's participation in courses offered by CCSF, and understand that my he/she is required to comply with regulations of CCSF.
- I understand that in the event that the student requires emergency medical attention, I authorize the City College of San Francisco's Public Safety and Student Health Departments to make decisions for the student on my behalf.

**“I acknowledge that I have read and agree to the terms above,
 and I state that all the information I am providing on this form is true and accurate” .**

U.S. Guardian's Full Name: _____ Signature: _____ Date: _____