

STUDENT INFORMATION

INTERNATIONAL STUDENT CENTER GUARDIAN STATEMENT



Los Angeles Trade-Tech College requires that students under the age of 18 must have a legal guardian over the age of 21 living in Los Angeles County. In the event of a personal emergency, accident, illness or incarceration, the State of California will require the signature of the guardian before assistance such as hospitalization or legal counsel can be administered. Los Angeles Trade-Tech College is not permitted to act in place of the parent or guardian.

Students under the age 18 commencing the first date of school must complete the Guardian Statement. The Guardian Statement Form must be signed by student's parent and designated guardian. The designated guardian must be at least 21 year of age and living in Los Angeles County.

Please type or write <u>legibly</u> in blue or black ink. Do not leave any section blank.

Last Name	First Name:		Middle Name:
(Surname):			
LACCD Student ID Number:		Date of Birth	:
		(MM/DD/YYYY)	
GUARDIAN INFORMATION			
	Cuardian's First Name:		Cuardian's Middle Name.
Guardian's Last Name	Guardian's First Name:		Guardian's Middle Name:
(Surname): Home Phone Number:		Call Dhans N	um h o u
nome Phone Number:		Cell Phone N	umper:
Email Address:			
Home Address:			
Guardian Acknowledgement			
I accept the responsibility to act as a guardian for above named student.			
raccept the responsibility to act as a guardian	for above named student.		
Guardian's Signature:	Dat	e:	
Guardian's Signature:		re:	
Guardian's Signature: PARENT INFORMATION	Dat		
Guardian's Signature: PARENT INFORMATION By signing this form, I agree that the person not be a significant of the person of the person of the person not be a significant of the person of the pers	Dat		il my child reaches the age
Guardian's Signature: PARENT INFORMATION By signing this form, I agree that the person not of 18.	Dat		il my child reaches the age
Guardian's Signature: PARENT INFORMATION By signing this form, I agree that the person not be a significant of the person of the person of the person not be a significant of the person of the pers	Dat		il my child reaches the age
Guardian's Signature: PARENT INFORMATION By signing this form, I agree that the person not of 18. Parent's Printed Full Name:	Dat	l guardian unt	il my child reaches the age
Guardian's Signature: PARENT INFORMATION By signing this form, I agree that the person not of 18.	Dat		il my child reaches the age
Guardian's Signature: PARENT INFORMATION By signing this form, I agree that the person not of 18. Parent's Printed Full Name:	Dat	l guardian unt	il my child reaches the age
Guardian's Signature: PARENT INFORMATION By signing this form, I agree that the person not of 18. Parent's Printed Full Name:	Dat	l guardian unt	il my child reaches the age

Date:

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Processed by: