



Guardian Statement
International Student Program (SSA133)
1111 Figueroa Place
Wilmington, CA 90744-2397 U.S.A.
Office: (310) 233-4111 TEXT: (213) 373-3509
E-Mail: LAHCWORLD@LAHC.EDU

Complete and submit this form if you are under the age of 18 by your program start date.

You may either type or print clearly. Contact us if you have any questions.

Student Information

Last Name (surname): _____ First Name: _____
Middle Name: _____ Date of Birth (MM/DD/YY): _____
Home Phone Number: _____ Cellular Phone Number: _____
E-Mail Address: _____

Parent/Legal Guardian Information

Last Name (surname): _____ First Name: _____
Middle Name: _____ Date of Birth (MM/DD/YY): _____
Home Phone Number: _____ Cellular Phone Number: _____
E-Mail Address: _____
Foreign Address: _____

I certify that I am the parent or legal guardian of (print):

(Full name of minor child) (Date of birth MM/DD/YY)

I designate _____ (Full name of guardian),

_____ (Street Address, City, State and Zip Code of guardian) to exercise
guardian authority over the minor child named above.

Parent/Legal Custodian Signature

Parent/Legal Custodian Signature

Printed Name of Parent/Legal Custodian

Date (MM/DD/YY)