Consent form to be completed by parents of underage students who wish to move out of homestay

Date______________________

To Whom It May Concern,

I, ___(parent’s name)___, give my full consent for ___(student’s name)___ to move from Peninsula College’s Homestay Program to an apartment. I understand that it is against Peninsula College’s policy to allow minors to live independently in apartments. Furthermore I am aware of the inherent risks of allowing ___(student’s name)___ to live in an apartment and do not hold Peninsula College or its employees responsible for ___(student’s name)___ while s/he is living in an apartment. I am aware responsibility for my son or daughter will fall upon the co-signer of the apartment who must be 18 years or older.

Sincerely,

__________________________
Parent’s Signature

__________________________
Parent’s Signature