



EAST SIDE UNION HIGH SCHOOL DISTRICT

PARENTAL CONSENT FORM #2 (No Host Family)

I/We hereby affirm that I/we, _____ are the legal
(Full name of parent/s)

Parent/s of _____, whose birth date is _____.
(Full name of student)

I/We hereby consent to the application for admission of our child to attend the East Side Union High School District in the International Student Program.

I/We declare that _____ has been given my/our permission
(Full name of student)

as the applicant's parent(s) or legal guardian(s), We/I agree to authorize East Side Union High School District to assist us/I with locating a host family. The selected host family is authorized to act for us/I on our behalf in any emergency, accident, or illness during the period of time the student is involved in the International Student Program. This covers the period of time that student boards transportation scheduled by the International Student Program until the student leaves the program and returns to his /her home country as scheduled by the East Side Union High School District International Student Program.

Address of Parent(s): _____

Parent Telephone: _____ Cell _____

Email Address: _____

Signature of Parent(s): _____ / _____

Print name(s) _____ / _____

Date _____