



Global Education APARTMENT TRANSITION FOR MINORS

Spokane Falls Community College • Spokane Community College
MS 3011 3410 W Fort George Wright Drive • Spokane WA 99224-5288 USA
509-533-4113 • FAX: 509-533-3237

International Homestay Program

*Email completed form and all documentation to InternationalHomestay@ccs.spokane.edu
for approval by the Manager of Immigration and Student Success. Questions? Call: 509-533-4113*

This form is to exempt minor students from having to live with a CCS Homestay Family due to them becoming age 18 during or immediately after summer or winter vacation, and who need to apply for an apartment during this transition period, OR, for students who turn 18 immediately following the start of their initial quarter. Students who meet the following criteria may waive, or move out of the Homestay Program, after May 1st, or Nov 1st, depending on when the student turns 18.

1. Turn 18 between May 1 and October 31; return to home country for the summer vacation.
2. Turn 18 between November 1 and January 31.
3. New student arriving fall quarter and turning 18 prior to October 31.

Students must provide the following:

- ☐ 1) A signed letter from their parent(s)/guardian(s) which gives the student very specific permission for them to waive Homestay, or move from Homestay into rental housing, as a 17-year-old. Letter must be sent from the parent directly, or through the Student's agent. (Note: Translation can be done by CCS.)
- ☐ 2) A copy of the airline ticket for departure from Spokane before summer or winter vacation start date, if required by CCS Homestay staff.

Date of travel to home country _____ Return date _____

Airline/Flight number _____ Return flight _____

- ☐ 3) This form, signed by parent(s)/guardian(s)
- ☐ 4) Confirmation of 30-day notice given to their current Homestay Family, if currently residing in Homestay.

Current Homestay Family Name _____

30-Day Notice was given on (date) _____

Student name _____ Country _____

Date of Birth _____ Email _____

Student ID# _____ Cell phone _____

Parent(s)/Guardian(s) _____

Parent email _____ Parent phone # _____

**PLEASE READ AND UNDERSTAND THE FOLLOWING BEFORE SIGNING
AS IT INCLUDES CONTRACTUAL PROVISIONS AND HAS LEGAL SIGNIFICANCE**

By signing below, I acknowledge that I am requesting an exception to the CCS Homestay Program, which requires minors to be housed in approved host homes until the student's 18th birthday. We accept all responsibility for the student's housing, any legally binding contracts the student signs, and for understanding all financial responsibilities to any housing outside the CCS Homestay Program. Student will pay all outstanding Homestay fees and damages prior to leaving their Homestay Family home, if applicable.

PARENTAL ASSUMPTION OF RISK, RELEASE OF CLAIMS AND AGREEMENT TO INDEMNIFY

We, the Parent(s), identified above, understand the hazards and risks involved in this decision. We voluntarily agree to assume these hazards and risks and to waive and release any and all claims we may have against Homestay Families, the State of Washington, CCS, SFCC, SCC, and their officers, agents, employees, and departments and the host institutions abroad including but not limited to claims, demands, obligations, actions, causes of action regarding Student for any injury, illness, disability, accident, wrongful death, loss of services and support, loss of consortium, property damage, and/or property loss.

We, the parent(s), identified above also agree to indemnify the State of Washington, CCS, SFCC and SCC, and their officers, agents employees, departments and the Homestay Family with regard to any financial obligations, liabilities, or expenses that may be incurred as a result of any injury, illness, disability, accident; wrongful death, loss of services and support, loss of consortium; property damage; and/or property loss including but not limited to, emergency transport; emergency medical services; medical treatment; rehabilitation; lost wages; lost or damaged property and any financial obligations, liabilities or expenses that may be incurred as a result of any damage or loss to person(s) or property caused by the Student. We, the parent(s) identified above, have reviewed and understand the hazards and risks and have advised Student to take appropriate actions and to govern themselves accordingly. We are also aware that certain insurance companies offer insurance against some perils and/or regarding loss and/or damage to property and are aware that the US Department of Homeland Security has specific requirements for F-1 students to have full financial capacity to prevent them becoming a burden of the State.

BY SIGNING THIS AGREEMENT, I CERTIFY I AM THE STUDENT APPLICANT IDENTIFIED AT THE TOP OF THIS DOCUMENT. I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO ALL OF THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT.

Name of Student (please print): _____

Signature of Student: _____ Date _____

BY SIGNING THIS AGREEMENT, I/WE CERTIFY THAT I/WE ARE THE PARENT(S)/GUARDIAN(S) IDENTIFIED AT THE TOP OF THIS DOCUMENT. I/WE HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO ALL OF THE TERMS AND CONDITIONS SET FORTH AND ACKNOWLEDGE THE HAZARDS AND RISKS, RESPONSIBILITIES, RELEASE OF LIABILITY, AND AGREEMENT TO INDEMNIFY.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date _____

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____ Date _____