



SAN MATEO COUNTY  
COMMUNITY COLLEGE DISTRICT

SMCCCD

# GUARDIANSHIP/DEPENDENCY QUESTIONNAIRE

## Check Appropriate College

Admissions

**Cañada College**  
4200 Farm Hill Boulevard  
Redwood City, CA 94061  
Phone: (650) 306-3226  
Fax: (650) 306-3113

Admissions

**College of San Mateo**  
1700 West Hillsdale Blvd.  
San Mateo, CA 94402  
Phone: (650) 574-6165  
Fax: (650) 574-6506  
csmadmission@smccd.edu

Admissions

**Skyline College**  
3300 College Drive  
San Bruno, CA 94066  
Phone: (650) 738-4251  
Fax: (650) 738-4200

Student's ID# G: \_\_\_\_\_ Semester  Spring  Summer  Fall Year: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Phone Number: \_\_\_\_\_ 2<sup>nd</sup> Phone Number: \_\_\_\_\_

1. Birth Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Present Age: \_\_\_\_\_

2. Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Because you are under 18, and your application was processed as a **foster youth, ward of the court, or your guardian was not listed as your parent**, you will need to complete this application and provide the necessary documents. Documents showing you as ward of the court, foster youth or guardianship, or tax documents showing you as a dependent of guardian **within one year/one day prior to the beginning of the semester you plan to attend**.

You will still be able to complete the placement test/assessment, go through new student orientation and speak to a counselor to schedule your classes. However, a **hold** has been placed on your record to prevent registering until we receive the necessary documentation.

3. Are you a citizen of the United States?  Yes  No

If no, what type of Immigration status do you hold? \_\_\_\_\_

Date of Issue: \_\_\_\_\_ (attach a copy immigration status) Number: \_\_\_\_\_

4. Have you lived in California continuously since birth?  Yes  No

**If no**, list places and dates where you lived before your present stay in California. List parent or relationship of person with whom you resided prior to age 18.

Form Mo/Day/Year	To Mo/Day/Year	State/Nation	Name Person with whom you resided	Relationship to you

5. When did your present stay in California begin? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

6. Are you presently in foster care or ward of the court?  Yes  No If yes, please provide documentation.

**OFFICE USE ONLY:** \_\_\_ Accept \_\_\_ Denied Date: \_\_\_\_\_ Processed by: \_\_\_\_\_

Comment: \_\_\_\_\_

Continue application on reverse side.

7. Are you currently under continuous and direct care and control of any person or persons other than a parent?

Yes  No If yes Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What date did you begin living under such care and control? Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

If there are any comments, please add below:

### DECLARATION

I certify that the foregoing statements on this form and on any pages submitted with it and any oral or written statements made by me in connection with the determination of my residence/guardianship is true and correct. I further certify that, as long as I am a student at this college, I will advise the Office of Admissions and Records if there is a change in any of the facts upon which the determination was made. These facts include: my state of residence and the person having direct care and control of me. I understand that falsification of any statement may result in cancellation of my registration and denial of future admissions.

**You will be notified of the outcome through your my.smccd.edu email account.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_