



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
Click [Here](#) to Submit

Admissions
College of San Mateo
1700 West Hillsdale Blvd.
San Mateo, CA 94402
Phone: (650) 574-6165
Click [Here](#) to Submit

Admissions
Skyline College
3300 College Drive
San Bruno, CA 94066
Phone: (650) 738-4251
Click [Here](#) to Submit

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

Last Name _____ First Name _____ Middle _____

Phone Number: _____ 2nd 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 _____

OFFICE USE ONLY: ___ Accept ___ Denied Date: _____ Processed by: _____

Comment: _____

Continue application on reverse side.

6. 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.

Check here if you would you like to be notified of your residency change. You will be notified through your smccd.edu email account.

Signature of Applicant: _____ Date: _____