Letter of Consent (for students who are aged under 18 years old)

To: The Director of Immigration

I, ________________________ am the father / mother* of ________________________________
(Name of father / mother) (Name of student)

(“the Student”) from______________________________. I hereby consent to let the Student study in
(city / province / country)

the City University of Hong Kong and authorise ____________________________, (a relative /
(name of guardian / university)
friend / university in Hong Kong*), to act as guardian during the Student’s stay in Hong Kong
before he / she* attains the age of 18.

I further understand and acknowledge the fact that by agreeing to so act as guardian:-

- the party shall not be deemed to have assumed any parental responsibilities of the Student;
- the party serves only as a contact person / entity in Hong Kong, for the benefit of the Student's parents
  and the Immigration authorities, when it becomes necessary or in case of emergency;
- the party's responsibility shall be limited to that of a sponsor, as required by the Immigration Department
  upon an entry visa application, namely (i) to be responsible for the Student's repatriation to his / her
  country of origin if at the expiration of stay granted by the Director of Immigration, the Student still fails
  to leave Hong Kong, and (ii) to seek approval from the Director of Immigration prior to the Student's
  transfer to any educational institution / course of study in Hong Kong and inform him the cessation in
  the Student's education here; and
- any incidental expenses incurred by the party in assuming the responsibility of the Student in complying
  with any statutory requirements including but not limited to those imposed by the Immigration
  Department as conditions for the Student's stay in Hong Kong will be borne by me and I will reimburse
  payment of all such expenses within 14 days of receiving the request.

______________________________________________
Signature of the Student’s Father / Mother
Date: ______________________

______________________________________________
Signature of Guardian / Authorised person for and on behalf of the University
Date: ______________________________

*delete where appropriate