



3400 Gulf-to-Bay Boulevard  
Clearwater, FL 33759-4595  
(727) 726-1153  
www.clearwater.edu

**OFFICE OF STUDENT LIFE  
PARENTAL ACCEPTANCE OF RESPONSIBILITY FOR OVERNIGHT VISITS**

*By design, Clearwater Christian College does not permit men and women to stay overnight in the same location without acceptance of responsibility from both parents to do so. Parents of both students must file this form with the dean's office prior to signing out.*

I, \_\_\_\_\_, do hereby accept responsibility for my son or daughter to stay overnight at the home of Mr./Mrs. \_\_\_\_\_.

(I acknowledge and approve of \_\_\_\_\_ being present.)

Home Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Student Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

----- **And/Or** -----

I, \_\_\_\_\_, do hereby acknowledge and accept responsibility for \_\_\_\_\_ to stay overnight at \_\_\_\_\_ home while my son/daughter is present.

Home Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Student Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Dean of Students Office  
Clearwater Christian College  
3400 Gulf-to-Bay Blvd.  
Clearwater, FL 33759

Fax to: 727-723-8566