

PARENTAL CONSENT FORM



EUROPASKOLEN - EUROPÄISCHE SCHULE ΕΥΡΩΠΑΙΚΟ ΣΧΟΛΕΙΟ - EUROPEAN SCHOOL - ESCUELA EUROPEA - ECOLE EUROPEENNE - SCUOLA EUROPEA - EUROPESE SCHOOL - ESCOLA EUROPEIA - EUROOPPA-KOULU - EUROPASKOLAN

PARENTAL CONSENT FORM

Student's full name
Family Name First Name

Class Section

I, THE UNDERSIGNED,

Full Name _____
(Parent/legal guardian of the student)

Full Name _____
(Parent/legal guardian of the student)

I am happy for my *son / daughter* to participate in the Work Experience and to get in touch with the labour market.

I will help *him / her* to find a work experience that best suits *his / her* aspirations.

I understand that my *son / daughter* shall not receive any payment.

I assume that when all administrative forms are returned to the Work Experience Coordinator within the agreed deadlines, *my son / daughter* will be insured by the School in the event of an accident while taking part in this program.

I declare that my *son / daughter* will participate in this project during the dates mentioned in the registration form and according to all regulations and procedures established by the School.

Date: _____ / _____ / _____
Day Month Year

Signature of the parent/s:

European School of Brussels I

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