

CONSENT FORM

1. The Parent (s)

I/We, _____ and _____

ID Card Number _____ and _____ am/are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

2. The Minor

Full Name: _____

Date of Birth: _____

Place of Birth: _____

ID Card Number: _____

I/we consent and authorise (name of participant) _____ to participate in the Live the Language- Foreign Languages Grants Scheme.

I/we confirm that refund payment for the language grant scheme is to be deposited in the following bank account number*.

Bank name: _____

Iban: _____

Bank Identification code: _____

*The same account details are to be included in Part II of the TR/S-9 Financial Identification Form.

Signature

Date

Signature

Date