

# 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-Malta Foreign Languages Grants Scheme.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**