

PARENT PERMISSION CERTIFICATE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **STUDENT** | | | | | |
| Name/Surname |  | Father name |  | | |
| Class |  | Mother name |  | | |
| Number |  | gender | G ( ) B ( ) |  | |
| Place of Birth - Date |  | telephone |  | | |
| Telephones | Father | Mother | | | Other |
|  |  | | |  |

……………………………………… SCHOOL DIRECTORATE

The student of the school whose parent I am / we are with the above written clear identity, eTwinning (European School Partnerships) Projects, I allow these activities to be recorded in the form of pictures, videos, etc. and to be published in social sharing environments, provided that they support education and training.

Your student; Inda when faced with a negative situation due to the publication of its image during the event üstlen I assume all kinds of responsibility and submit the information to your information. …../…../2019

|  |  |
| --- | --- |
| Mother (Name Surname - Signature) | Father (Name Surname\_- Signature) |
|  |  |

|  |  |  |
| --- | --- | --- |
| If both parents do not live legal guardian | | |
| Name/Surname | proximity | signature |
|  |  |  |

DESCRIPTIONS:

1- This certificate shall be completed and signed by the mother or father of the student (2) who will participate in the above mentioned activity. One instance will be stored at school; one instance will remain in the family.

2- The names and phones of the closest persons who can be reached in the “Other” section of the mobile phones section will be written.

3- Students who do not have a Permit will not be admitted to the relevant activity.

    4- The responsibility of unreal declaration and signature belongs to those who fill in the document and the signer.

Confirmed.

(School-Institution Director Name Surname Signature Seal)

…./…./2019