

TRIP PARENTAL PERMISSION

I give my permission for _____ Passport No. _____
(Name and surname of the pupil)
born on _____ in _____, _____
(Date of the birth) (Place of birth) (State)
address _____ number _____

can participate in the following activities:

- Ice skating
- Rowing ACBB Ile Monsieur
- Seine boat tour - Boat visit of the monuments

during a study trip to France from 2 to 9 April, 2019 with a group of pupils and teachers of primary school 'Svetislav Golubovic Mitraljeta' from Batajnica in the framework of cooperation on the eTwinning project 'Discovering Mechanics: Louis Renault' together with students and teachers of Collège Jean Renoir, Boulogne Billancourt, France.

Photo Release

I recognize that the Schools use photographs and video images of events in school publications including websites and newsletters. I hereby grant permission for photo/video images of my child to be taken and used for such purposes. YES NO

Notes about my child (allergies, medications, etc):

In case of an emergency, I give permission for my child to receive medical treatment. YES NO

I further certify my child can swim: YES NO

Father

Mother

(Name and Surname)

(Name and Surname)

(Signature)

(Signature)

(Address)

(Address)

(ЈМБГ)

(ЈМБГ)