

CONSENT FORM

1. The Parent (s)

I/We, _____

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.

Signature

Date