



Regionalni  
centar  
kompetentnosti  
SREDNJA ŠKOLA ZABOK

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## PARENTAL AUTHORISATION

FULL NAME OF PARENT / GUARDIAN:

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FULL ADDRESS OF PARENT / GUARDIAN:

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PARENT / GUARDIAN TELEPHONE NUMBER:

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FULL NAME OF STUDENT:

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DATE OF BIRTH OF STUDENT:

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ORIGINATING COUNTRY:

CROATIA

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SENDING ORGANISATION:

HIGH SCHOOL ZABOK

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FINAL DESTINATION COUNTRY:

BRAGA, PORTUGAL

PARTNERSHIP ORGANISATION:

APLICAPROPOSTA LDA – BRAGAMOB

DATES OF PROGRAMME:

FROM : 10. 3. 2024.

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TO: 23. 3. 2024.

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**I AUTHORISE MY CHILD NAMED ABOVE TO PARTICIPATE IN THE ERASMUS+ PROGRAMME**

In the event of illness or accident requiring emergency treatment, I authorise a representative of The High School Zabok to sign on my behalf any written form of consent required by the hospital authorities.

SIGNATURE OF PARENT / GUARDIAN:

DATE:

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