



Regionalni  
centar  
kompetentnosti  
SREDNJA ŠKOLA ZABOK

Ivana i Cvijete Huis 2, Zabok  
[srednjao@inet.hr](mailto:srednjao@inet.hr)  
Telefon: +38549 221 018  
Web: [www.ss-zabok.skole.hr](http://www.ss-zabok.skole.hr)

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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:

SEVILLA, SPAIN

PARTNERSHIP ORGANISATION:

EUROMIND PROJECTS SL.

DATES OF PROGRAMME:

FROM : 21. 4. 2024.

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TO: 4. 5. 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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