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| --- |
| **parental authorisation** |
|  |
| **Full name of parent / guardian:** |  |  |
| **Full address of parent / guardian:** |  |  |
|  |  |  |
| **parent / guardian telephone number:** |  |  |
| **Full name of student:** |  |  |
| **date of birth of student:** |  |  |
| **Originating country:** | **CROATIA** |  |
| **Sending organisation:** | **HIGH SCHOOL ZABOK** |  |
| **Final destination country:** | **WROCLAW, POLJSKA** |
| **Partnership organisation:** | **AVIVA POLAND - VOCATIONAL TRAINING SP. Z O.O. (OID: E10058760)** |
| **Dates of programme:** | **FROM :** 15. 3. 2026. |  |
|  | **TO:** 28. 3. 2026. |  |
| **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:**  |
|  |  |