#  PARENT PERMISSION SLIP

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| --- |
| THE STUDENT IN THE PROJECT |
| **First /Last Name** |  | **Dad’s name** |  |
| **Class** |  | **Mum’s name** |  |
| **School Number** |  | **Gender** | **G ( ) B( )** |  |

**TO THE PRINCIPLE OF …………………………………SCHOOL**

**I grant permission for the student mentioned below to participate in eTwinning projects and to publish these events in social media such as pictures, videos etc. provided that they are recorded and provided with education and training support .**

 **DATE: ………., 2020**

 **The names /surname of the parent :**

 **Signature :**

 **…………………….**

**The principle of the School**

 **Signature:**