

# PARENTAL CONSENT AND DECLARATION

Marbella, Spain



Applicants who are below the age of 18 at the start date of the first semester must have their parent/legal guardian complete the form below. Please upload to the Online Application, or email to [admissions@lesroches.es](mailto:admissions@lesroches.es) or send to your educational counselor.

## To be filled in by your parent/legal guardian

I, the undersigned: Please tick:  Parent  Legal guardian

Family name ..... City ..... State .....

First name ..... Postal code ..... Country .....

Address ..... Home phone .....

..... Mobile phone .....

Email .....

### I hereby declare that I have legal custody of the child:

Applicant's family name ..... Address .....

Applicant's first name ..... .....

Date of birth (DD/MM/YYYY)..... City ..... State .....

Postal code ..... Country .....

and I acknowledge that Les Roches is an adult environment, and therefore I assume responsibility for the well-being and actions of the minor mentioned above.

This general consent expressly also includes independent participation in voluntary activities and events organised by the school, including but not limited to general sports activities and/or events organised by the student body.

### Medical consent

The nurses and medical staff of Les Roches have the minor child's permission to evaluate and treat the minor child in the event of a medical emergency.

This consent will remain in effect until my child's 18<sup>th</sup> birthday.

Date (DD/MM/YYYY) .....

Signature of parent/legal guardian