PARENT PERMISSION CERTIFICATE

THE STUDENT TO PARTICIPATE IN THE PROJECT				
Name Surname		Father Name		
Class		Mother Name		
No		Gender	G ( ) B ( )	

..... (School Name)

The student of your school whose open identity is written above, whose parent I am / are present at, takes part in the activities held within the scope of eTwinning (European School Partnerships) projects, these activities are provided with pictures, videos, etc. I allow it to be published in social media and on the official website of our school, provided that it is recorded in a way that supports education and training (with reliability).

...../...../2022

Parents Name Surname

Signature

DESCRIPTIONS:

1- Every activity in eTwinning (European School Partnerships) projects is for educational