

## **ACCEPTANCE FORM**

## **PARENTAL CONSENT**

I, the undersigned: Mr. Ms.	
First name: Last name:	
Date of birth (DD/MM/YYYY): / Country of birth:	
Address:	
City:	
Country:	
Acting in my capacity as parent, legal guardian or other authorized person with cover the student, hereby certify that:	ustody rights, or parental authority
PROGRAMME ATTENDANCE: I authorize	
(student's full name) to re	egister as a student of the Sciences Po
Summer School Pre-College Programme on campus from the $5^{\text{th}}$ to the 2	2 <sup>nd</sup> of July 2025.
<ul> <li>REGISTRATION PROCESS: I acknowledge that I have read and that I agree registration process, regarding the reservation of a spot in the progrategistration.</li> <li>PROGRAMME REGULATIONS: I acknowledge that I have read the Progratules, general behaviour, healthcare, disciplinary sanctions, and commun student when necessary, and I agree that the student should be held standards.</li> </ul>	amme, payment of fees and finalizing amme Regulations, regarding academication. I have discussed them with the
Parent/Guardian's full name:	Parent/Guardian's Signature
Place and date:	
STUDENT CONSENT	<u></u>
<ul> <li>PROGRAMME REGULATIONS: I have read, understood and I agree to regarding academic rules, general behaviour, healthcare, daily li- communication.</li> </ul>	· · · · · · · · · · · · · · · · · · ·
	Student's Signature
Student's full name:	
Place and date:	