

# Declaration of consent

The student's surname and given name: \_\_\_\_\_

\_\_\_\_\_

Date of birth (dd mm yyyy): \_\_\_\_\_

The parents surname and given name: \_\_\_\_\_

\_\_\_\_\_

I hereby confirm, that I allow my daughter/son: \_\_\_\_\_

\_\_\_\_\_

to study at Egå Ungdoms-Højskole.

Period of study:

\_\_\_\_\_

*(To be filled in by the school)*

\_\_\_\_\_

Date:

Parents' signatures: