**Consent to participate in the Study Bridge Program**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)

Address: ……………………………………………………………………………………...………………………………………………
………………………………………………………...……...........Zip Code ……………………… State……………………...

consent to my son’s (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ name/date of birth)/ daughter’s (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_name/date of birth) participation in the Goethe-Institut’s program “Study Bridge”.

Signed ………………………………….....................… (Parent/ Guardian/Carer)

Date: ……………………………