

Consent Form

PARENTS

To:

Deutsche Schule Pretoria

Simon Vermooten Road P.O. Box 912727

0127 Silverton

Pretoria, 1st February 2019



D S P
Deutsche
Internationale
Schule
Pretoria

Simon Vermooten Rd,
Die Wilgers, Pretoria.

P O Box 912-727
Silverton 0127
South Africa

Tel 012 803-4106/7/8
Fax 012 803-4109
E-mail:
dsp@dsp.gp.school.za
Home page:
www.dspretoria.co.za

Name of parent	Mr <input type="checkbox"/> / Mrs <input type="checkbox"/>
Name of learner	
Address	
Specific ailments, allergies and other complaints:	
Medical Scheme:	Membership No.:
Tel (home)	
Tel (work)	

I hereby give my consent for my son / daughter named above to participate in the Career Orientation Program from **10 June to 21 June 2019**.

I am aware that the Career Orientation Program is compulsory in order for my child to receive an external certificate for his / her matric portfolio.

I undertake to instruct my son / daughter to obey the teacher's / educator's and the company's instructions during this period of time.

I undertake to instruct my son / daughter that smoking and the possession and intake of alcoholic beverages and drugs is strictly prohibited. In case of disobedience and grave misconduct on the part of my son / daughter I understand that he / she will be excluded from the Career Orientation Program immediately and will be sent home at my expense.

Please note that the DSP does **NOT** have any insurances for the learners during the Career Orientation Programme. There are no insurances like medical insurances or liability insurances.

The school and its personnel cannot be held responsible for any loss of or damage to property.

DATE

SIGNATURE

If by any chance you or a family member own a company and are willing to provide the opportunity for one of our learners, who is not related to the owner or any other staff member of this company, please provide us with the following information:

Name of the company	
Tel	
Email	