

ACCEPTANCE FORM

PARENTAL CONSENT

I, the undersigned: Mr. Ms.

First name: Last name:

Date of birth (DD/MM/YYYY): / / Country of birth:

Address:

City: Postal code:

Country:

Acting in my capacity as parent, legal guardian or other authorized person with custody rights, or parental authority over the student, hereby certify that:

- **PROGRAMME ATTENDANCE:** I authorize
..... (student's full name) to register as a student of the Sciences Po Pre-College Programme on campus from the 8th to the 29th of July 2023.
- **REGISTRATION PROCESS:** I acknowledge that I have read and that I agree to the terms and conditions of the registration process, regarding the reservation of a spot in the programme, payment of fees and finalizing registration.
- **PROGRAMME REGULATIONS:** I acknowledge that I have read the Programme Regulations, regarding academic rules, general behaviour, healthcare and COVID-19 provisions, disciplinary sanctions and communication. I have discussed them with the student when necessary, and I agree that the student should be held accountable in compliance with these standards

Parent/Guardian's full name:

Place and date:

Parent/Guardian's Signature

STUDENT CONSENT

- **PROGRAMME REGULATIONS:** I have read, understood and I agree to abide by the Programme Regulations regarding academic rules, general behaviour, healthcare and COVID-19 provisions, daily life rules, disciplinary sanctions and communication.

Student's full name:

Place and date:

Student's Signature