

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 Summer School Pre-College Programme on campus from the 4th to the 21st of July 2026.
- **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, 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, daily life rules, disciplinary sanctions and communication.

Student's full name:

Place and date:

Student's Signature