Attachment to the **MEMBERSHIP** application form

1 form for each child

INFORMED CONSENT FOR PARENTS/LEGAL GUARDIAN

I, the undersigned (**mother/guardian**)

_____ born on ___/___/_____

resident at _____

via/piazza _____ Phone_____

domicile (if different from residence) _____

I, the undersigned (**father/guardian**)

_____ born on ___/___/_____

resident at _____

via/piazza _____ Phone_____

domicile (if different from residence) _____

of **the child** _____ born on ___/___/___ sex ☐M ☐F

resident at_____ via/piazza _____

I declare that I have received full information pursuant to art. 13 of EU Regulation 2016/679 and the national legislation in force, and I give my consent to the processing and communication of my son/daughter's personal data, with particular regard to the so-called details, within the limits, for the purposes and for the duration specified in the information provided to me in this document.

- Parents/legal guardians authorise Comsev to have access to photographs taken by the European School of pupils in the Secondary School, in the event that they are not in possession of an identity badge or other identification document.

☐ AUTHORISE ☐ DON'T AUTHORISE

_____ ___/___/_____ _____

Full name of parent/legal guardian Date Signature

_____ ___/___/_____ _____

Full name of parent/legal guardian Date Signature

FILL OUT ITALIAN VERSION