



Brussels, the

Parental Autorisation

I/we the undersigned,

resident

authorise our child

student at the European School

- Bruxelles I, av. du Vert Chasseur 46, 1180 Bruxelles
- Bruxelles II, av. Jespers 75, 1200 Bruxelles
- Bruxelles III, Bd du Triomphe 135, 1050 Bruxelles
- Bruxelles IV, Drève Saint-Anne, 86, 1020 Bruxelles

To accompany the Swimming Team of the European Schools of Brussels during their travel, both in Belgium and abroad, for their competitions during the season 2014-2015.

Last & first name of the swimmer

Date of Birth

Town & Country

Nationality

Passport or ID Card n°
expires

Brussels le

Parent(s) Signature