



**Ambasciata d'Italia
Abu Dhabi - Emirati Arabi Uniti**

**FORM TO BE FILLED IN BY PARENTS CONSENTING THE CHILDREN BELOW 18 TO PARTECIPATE IN
SCHOOL TRIPS UNDER THE CUSTODY OF TEACHERS**

WE THE UNDERSIGNED

_____ (father's full name), _____ national (father's nationality),
holder of the passport no. _____ (father's passport number),

AND

_____ (mother's full name), _____ national (mother's nationality),
holder of the passport no. _____ (mother's passport number),

PARENTS OF

_____ (son's/ daughter's full name), _____ national
(son's/ daughter's nationality), holder of the passport no. _____ (son's/ daughter's passport number),

being fully aware of the criminal penalties imposed for making false declarations, as per art. 76 of the Presidential Decree no. 445 of 28/12/2000,

PERMIT

our above-mentioned son/ daughter to participate in the trip to _____ (Schengen States involved),
from _____ to _____ (dates), organized by _____ (School's name), under the custody
of the below-listed accompanying School's Teachers and/or Representatives:

1. _____ (full name, date of birth, nationality, passport no.);
2. _____ (full name, date of birth, nationality, passport no.);
3. _____ (full name, date of birth, nationality, passport no.);
4. _____ (full name, date of birth, nationality, passport no.);
5. _____ (full name, date of birth, nationality, passport no.);
6. _____ (full name, date of birth, nationality, passport no.);

Abu Dhabi, _____ (date)

Father's signature	Mother's signature