

POLISH LANGUAGE SCHOOL OF ADAM MICKIEWICZ

STUDENT NAME _____
Last First

DATE OF BIRTH _____

ADDRESS _____
Street City

TELEPHONE NO: _____

E-MAIL : _____

NAMES OF PARENTS OR GURDIAN: _____

CONSENT AND WAIVER:

I assume full responsibility for my child's actions, during his/her time in school. I hereby waive any claim for liability against the POLISH LANGUAGE SCHOOL OF ADAM MICKIEWICH or OUR LADY OF CZESTOCHOWA, at which the classes are held.

If this consent form is signed by one of two parents, or guardian, it is with the authority of the other.

Date Signature of parent or guardian

Do not write in this space (for office use only)

Amount Paid: \$ _____
Signature of Registrar

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