



## Eritrean Mother-Languages School

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مدرسة لغات الام الإريترية



### To be completed by the Parent/ Guardian

New student  Returning student

Subject/s:  Tigrinya  Tigre  Arabic  Math

### Contact and School Details

Child First Name: \_\_\_\_\_ M/Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ School grade: \_\_\_\_\_ School name: \_\_\_\_\_

Parent's Mobile Phone No. \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

I confirm that I \_\_\_\_\_ the parent/legal guardian of \_\_\_\_\_, I hereby consent to the above child participating in the tutoring program organised by the Eritrean National Communities Council. I have provided contact details below and undertake to inform the contact person of the tutoring program of any changes to this information. I confirm that all details are correct, and I can give parental consent for my child to participate in all tutoring activities.

I consent to my child being included in any photographic or video material, in any publications/websites/social network applications which may be used for the purpose of documenting and highlighting their involvement in tutoring activities.

I confirm to undertake all obligations, follow up and support required by me as the parent/legal guardian of the above-named child.

Full name: *(please print)* \_\_\_\_\_ Signature \_\_\_\_\_

**For more information, please contact Mr. Dernas Mehreteab 0420 400 650**

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**لمزيد من المعلومات، يرجى الاتصال بالسيد درماس محريتاب 0420 400 650**