

My child \_\_\_\_\_ Date of birth: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

is a former pupil of SIS and would like to visit the present class \_\_\_\_\_ on the following day(s):

\_\_\_\_\_  
\_\_\_\_\_

I am informed that teachers **may not allow** my child to participate in their particular lessons and that I have to pick up my child if this happens.

I declare that my child is insured and **I take full responsibility** for my child during her/his visit at Szczecin International School.

Name of parent: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_