

Course number	Course name		
Student's first name		Identity number	
Student's last name		Phone number	
Street address		Mother tongue	
Post code	City		
Email			
<input type="checkbox"/> yes <input type="checkbox"/> no Permission to send messages to student <input type="checkbox"/> yes <input type="checkbox"/> no Permission to send messages to student via social media <input type="checkbox"/> yes <input type="checkbox"/> no Permission to publish photos of artworks <input type="checkbox"/> yes <input type="checkbox"/> no Permission to publish photos of students			
Parent/caregiver first name		Identity number	
Parent/caregiver last name		Phone number	
Street address (if other)			
Post code (if other)		City (if other)	
Email			
Date	Signature		