

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		