



## MINOR AUTHORIZATION

To be filled in by your parent/guardian.

Students who are below the age of 18 at the start of the first semester must have their parent/guardian complete the form below and return in by email or fax.

### I, the undersigned

SURNAME: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOTHER      FATHER      GUARDIAN

### hereby declare that I have legal custody of the child:

SURNAME: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**I acknowledge that Les Roches Marbella are adult environments and therefore I assume responsibility for the well-being and actions of the MINOR mentioned above, as their legal guardian.**

Date and Place: \_\_\_\_\_

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

This document must be signed and returned to Les Roches Marbella. Failure to do so might result in the non-enrollment of the above mentioned minor.