



## **Parents' Permission for *Individual Learning Mentoring***

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I hereby agree that my son / my daughter

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makes use of the free GM offer of a two-hour individual learning mentoring.

After two hours' mentoring, a meeting will be set between the learning mentor, the student and the parents to discuss how to proceed. I acknowledge that the appointment for the first consultation is binding.

Surname, Name (in capital letters): \_\_\_\_\_

Place:

Date:

Signature:

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