

Mr./Mrs _____ with ID
number _____ of _____, _____ Street,
no _____ telephone number _____,
Father/mother/guardian of the Pupil _____
Who is attending school at _____

Authorise Does not authorise

(Mark the appropriate box with an X)

The Guidance Department to carry out a Psychopedagogical Assessment and Follow-Up of your son/daughter in order to provide an education which is suited to your child's needs.

On _____, (date) _____, 200_____

Signed by:-----

(father/mother/guardian)