

Home Address

TO WHOM IT MAY CONCERN

I hereby give my consent for my child, ....., to attend Ba Provincial Free Bird Institute, Fiji Islands from ..... to .....  
I also give the Principal of the school the right to deal with him/her accordingly should he/she continuously disobey the school regulations or do anything contrary to the laws of the country.

Thank you.

Signature of Adult Witness:.....

Name in Full:.....

Date:.....

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日本語訳

フィジー滞在中( 月 日から 月 日まで)の学生、学生の名前の指導、教育について、  
また、学生がフィジーの法律、校則に反した場合の対処を学校長に一任いたします。

Signature of Adult Witness: 保護者または保証人のサイン

Name in Full: 保護者または保証人のお名前(ローマ字で)

Date: 日付(日/月/年)