



HORMISDALLEN SCHOOLS

P.O. BOX 30223, KAMPALA TEL: 256-414-532567

Education Has No Money Value

Email: admin@hormisdallenschools.com

www.hormisdallenschools.com

To whom it may concern,

I / We,

_____ *full name(s) of parent(s) / guardian(s) giving consent*

Place of residence:

_____ *State clearly*

Telephone Number(s):

_____ *telephone*

_____ *telephone*

am / are the parent(s), legal guardian(s) of the following child:

Information about travelling child

Name:

_____ *child's full name*

Date of birth:

_____ *dd/mm/yyyy*

Passport Number:

_____ *passport number*

_____ *Expiry date*

(This child has my / our consent to travel to South Africa)

Signature(s) of person(s) giving consent

Signature of official

Signed before me on this _____

day of _____,

_____ *month*

_____ *year*

by _____

_____ *name(s) of person(s) giving consent*

_____ *signature(s) of person(s) giving consent*

_____ *dd/mm/yyyy*

_____ *signature of official*

_____ *Title of official*