



## **PARENTAL CONSENT FORM**

*(To be filled out by the parents or guardian of students below 18 years of age)*

### **Student's Information:**

Full Names .....

Date Of Birth ..... Age .....

Gender .....

Residential Address .....

.....

Nationality .....

State of Origin ..... L.G.A .....

Phone Number .....

Email .....

Picture of  
Student

### **Parent/Guardian's Information:**

Father's Name .....

Mother's Name .....

Guardian's Name .....

Residential Address .....

.....

Phone Number .....

Email .....

### **Occupation/Job Title:**

.....

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# Terms & Consent Agreement

*(Note: Parents/Guardians are required to sign the "Consent Agreement" for all beneficiaries under the age of 18 sponsored by Lawrence Memorial Humanitarian Foundation)*

1. L.A.M.E.H.F is going to cater only to basic tuition from schools. Parents take care of school uniforms and textbooks.

2. Parents are consenting to the full support of the kids and awareness of the process involved in the scholarship. They consent to fulfilling their full parental responsibilities of making sure that the child will be respectful in school, take homework and school projects seriously, and be on their best performance; otherwise, a beneficiary will be withdrawn afterward after 2 consecutive failures in a year, 3 failures during scholarship period, or 2 warnings from school due to misdemeanor.

3. In case the parents/guardian withdraws from their obligations and responsibilities of taking care of their children, L.A.M.E.H.F is fully liable to withdraw the child or ward.

4. This consent agreement is binding on the parents/guardian until a beneficiary ends their relationship or scholarship with L.A.M.E.H.F.

## Permission to Use Photos on the Internet

*(Before we display your child's photo on our website or social media pages, we must have your permission)*

- ☐ Yes, you may use my child's photo on your website and social media pages.
- ☐ No, you may NOT use my child's photo on your website and social media pages.

I/We..... have read the Terms and Consent Agreement on this document and agree to comply with the terms and conditions outlined.

I/We hereby grant permission for the child named on this form to participate in the scholarship with Lawrence Memorial Humanitarian Foundation.

Father's Signature:

Mother's Signature:

Guardian's Signature:

Date:

### PLEASE NOTE:

1. Once this form is signed and sent to our email or office, the scholarship will be processed immediately, and the student added to the list of beneficiaries.
2. Tuitions/school fees will be paid directly to the institution of the beneficiary.