

IADT SUMMER COURSES 2025 PARENT/LEGAL GUARDIAN CONSENT FORM

Course Title				
Course Date				
Student Full Name				
Student Date of Birth				
Student Address				
Student Contact Number				
Student Signature				
Parent/Legal Guardian Full				
Name Details				
Parent/Legal Guardian				
Address (Day and Evening)				
Parent/Legal Guardian				
Contact Telephone Number				
(Mobile)				
I confirm that(Course Participant N	lame) has my consent	to participa	te in the course.
Parent/Legal Guardian Signature		Date of Signature		
MINIMUM AGE to enroll in IADT of written parental consent to partic models. IADT reserves the right to retained for 12 months. Please ad	cipate in all courses i o request proof of ag lvise if you wish that	ncluding Life Drawing ge documentation. Th	g classes whi e details pro	ich includes nude ovided in this form will l
	react. pteeract.ic.			
Official use Only:				
Date Complete Form Received				
Date details entered onto IADT D		ata of dispeture (V/AI)		
Advised to delete data prior to er		ate of signature (Y/N)		
Date data deleted + Officer Signa	luie			İ