

Appendix 4: Visitor's form

My child _____ Date of birth: _____ - _____ - _____

is a former pupil of SIS and would like to visit the present class _____ on the following day(s):

I am informed that teachers **may not allow** my child to participate in their particular lessons and that I have to pick up my child if this happens.

I declare that my child is insured and **I take full responsibility** for my child during her/his visit at Szczecin International School.

Name of parent: _____

Phone number: _____

Date: _____

Signature: _____