



AUTHORIZATION FROM PARENT/LEGAL GUARDIAN

I, myself (parent / guardian) with an ID / passport number..... of the student of the I give my consent so that participates in activities / events outside the school being escorted and supervised by their teachers:

MARIOS HADJIKYPRIS, CONSTANTINOS PSINTROS, MARIA KYRIAKOU

MARIA THEODOROU, MICHALAKIS MICHAEL, SOTIRAKIS SPANOS

Program / Activity:

European Program Erasmus + Key Action 121

“Bridging Education and Industry 2”

Place of Program: BRAGA / PORTUGAL

Duration of program (Dates): 27/09/2026-11/10/2026

Way of Transfer: By Plane

Parent / Legal guardian Full name

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Parent / Legal guardian Full name

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Parent / Legal guardian signature

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Parent / Legal guardian signature

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***(Απαιτείτε σφραγίδα και υπογραφή από πιστοποιών υπάλληλο μόνο)**