

## Permission for Host school to share information with AFS Norway

Name of the student: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Country: \_\_\_\_\_

We, the undersigned:

- understand the importance of school attendance as an obligation in the AFS Program, and as an important part of the AFS experience. We also understand that during the year I/my child must accept and follow all school rules. We accept that AFS may terminate participation in the program if the school obligation is not met.
- give the above named student's Host School permission to release information to my/my child's Host Family, Staff and Local Volunteers in AFS Norway regarding grades, attendance, behavior and any other information relevant to AFS in order to provide necessary support and follow-up for all parties involved.
- accept that the permission is valid even though I/my child turn(-s) 18 years during the AFS program

\_\_\_\_\_  
Signature participant

\_\_\_\_\_  
Date/place

\_\_\_\_\_  
Signature Natural parent/guardian

\_\_\_\_\_  
Date/place