



Consent Form

I agree to my child being helped and supported by a mentor from *LESEMENTOR Köln*. I am aware of and understand the aims of *LESEMENTOR Köln*.

I herewith provide *LESEMENTOR Köln* with the details required for my child to participate in the project:

Child's surname:

Child's first name:

Date of birth:

Address: (street)

..... (postcode, town/city)

Place/Date

Signature of Parent or Legal Guardian

Data privacy statement: The information provided above will remain with the school and will be deleted when the child is no longer a participant in the *LESEMENTOR Köln* project. It is forbidden to pass on any of these details to third parties.

Von der Schule auszufüllen:

Name der Schule:

Anschrift der Schule:

Name der Lesementorin/ des Lesementors:

Stand 18.10.2016