



Minors Pre-Approval (Form A)

Form must be completed by parents or legal custodians for ALL students UNDER 18 YEARS of age at time of enrolment.

Family Name: _____ First Name (s): _____

Date of Birth: _____

Please indicate your intentions with respect to long term accommodation arrangements in Colombo/Galle or Kandy:

Living with parents or legal custodian

Living with relative who is over 21 years approved by parents*

*Relative means a relative who is one of the following - brother, sister, step-parent, step-brother, step-sister, grandparent, aunt, uncle, niece, nephew, step-grandparent, step-aunt, step-uncle, step-niece or step-nephew.

Relative's or Local Carer's details:

Relationship to student or student's family: _____

Family Name: _____ First Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Parent's details:

Family Name: _____ First Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Parent Approval

I/We as parent/s or legal custodians approve of the above arrangements for accommodation for our son/daughter.

Signed: _____ Date: ___/___/___

Student Agreement

I agree to inform ACBT if I have any intentions of changing my accommodation arrangements and I agree that I will not change my accommodation arrangements without the prior consent of ACBT.

Signed: _____ Date: ___/___/___

Office Use Only:

Check completed by: _____

Police Clearance confirmed (if required)? Yes No N/A

Date: ___/___/___

Notes on Check:

