

# MAVEN MENTORSHIP

Guardian / Parent form



1. Full name of Parent or Guardian

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2. Physical address

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3. Postal address

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4. Mobile Number

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5. Identity card or Passport number

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6. Full name of teenager

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7. **Date of Birth**

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*Example: January 7, 2019*

8. **School**

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9. **Mobile number**

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10. **Declaration:**

I hereby apply to enrol my son or daughter in the Maven Mentorship program. I accept that I am and remain responsible for the well-being of my son or daughter. I also accept that all data will be kept in compliance with the Data Protection Act 2019.

**Signature**

**Witness and signature**

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11. **Date**

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*Example: January 7, 2019*

