SAS 0 1 C



AFFIDAVIT OF PARENTAL **CONSENT**

Admission to Fiji National University
(This form must accompany form SAS O1 A and is only for Under 18 Students)

PLEASE TYPE OR PRINT CLEARLY AND USE ONLY FULL LEGAL NAMES

(I).	I/We	(Parent/ Legal guardian)
	And	(Parent/ Legal guardian)
	Of Said Child (whose Birth Certificate is or Passport), Do Hereby Authorize Fiji N (SAS 01 A).	ttached), (print name as on Birth Certificate ional University to admit the child in the courses as filled in the Application Form
(II).	We undertake full responsibility for all decisions regarding travel and arrival of the child to Fiji National University campus and also undertake to take full responsibility for the accommodation arrangements including any visa arrangements for any persons accompanying the child (if required by Fiji Immigration Department).	
(III).	In case of medical emergencies encountered during the normal teaching hours or if occurring within the campus, Fiji Nationa University will ensure that the child reaches the nearest public health facility. Please note that the hospital Policy and the Country's laws and regulations will govern any service provided to a child in Fiji. For non- residents, services in the Public Health Facility will attract fees.	
Eme	rgency contact of Parent/Legal Guardia	
Name	e:	
Addre	ess:	
City /	State / Zip:	_
Home Phone: ()		Work Phone: ()
Alteri	native Name & Phone:	
Signa	ature:	
(Sign	nature Birth Parent(s) or Legal Guardia	s))
Subs	cribed and sworn before me this	day of20
Name	e of Commissioner for Oaths or other person	ully authorized take statutory declaration in your country:
Signa	ature:	
In the Country of		Stamp
Му С	commission expires on	

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