

Real education. Real skills. Real jobs.

## SPECIAL CONSIDERATION SCHOLARSHIP PARENTAL CONSENT FORM

Dear Parent or Legal Guardian,

Please complete the form below to consent that your child is eligible for a special consideration scholarship from Kangan Institute and that you understand all term and conditions.

Student's Name:	Student's DOB:
Parent's Name:	Email:
Phone:	
Address:	-
I hereby consent for my child to be a recipient of a Spe I have read and understand the terms and conditions Consideration.	ecial Consideration Scholarship through Kangan Institute as stipulated on the Kangan website under Special
Signature	(Parent/Guardian/Carer)
Date:	