

NB: NO LEARNER SHALL PARTICIPATE IN THE SCHOLAR PATROL PROGRAMME WITHOUT WRITTEN CONSENT OF HIS/HER PARENTS OR GUARDIAN.

To: Traffic Safety Secretariat
P. O Box 113
Windhoek

The Principal

.....School

.....

Dear Sir/Madam

CONSENT TO PARTICIPATE IN THE SCHOLAR PATROL PROGRAMME

NAME :

ADDRESS:

I hereby give my consent as parent/guardian of.....

(full name) born onto participate in the Scholar Patrol Programme.

(Registered Number)

I am fully aware of the provisions of the Scholar Patrol Manual.

Yours faithfully

Signed :..... Date:.....

Address:.....

Delete whichever not applicable

The undersigned certifies that(name).....is trained as a scholar patrol member.

1. Responsible teacher

2. Traffic Officer

Signed:.....

Signed:

Name:.....

Name:

Date:.....

Date: