



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 Special Consideration Scholarship through Kangan Institute. I have read and understand the terms and conditions as stipulated on the Kangan website under Special Consideration.

Signature _____ (Parent/Guardian/Carer)

Date: _____