

**Guardianship Agreement
with the
MTG Germany Exchange Program**

Website: <https://manitobateachersofgerman.com/manitoba-germany-exchange/>

Email: mtg.germanyexchange@gmail.com

Information about student wishing to participate in the MTG Germany Exchange Program

Full legal name: _____

Date and place of birth: _____

Number and date of issue of passport (if available): _____

Does the student reside at more than one address? yes no

Address 1: _____

Address 2: _____

Address 3: _____

Legal Guardian 1

Full legal name: _____

Date and place of birth: _____

Address: _____

Email address: _____

Legal Guardian 2

Full legal name: _____

Date and place of birth: _____

Address: _____

Email address: _____

Legal Guardian 3

Full legal name: _____

Date and place of birth: _____

Address: _____

Email address: _____

Legal Guardian 4

Full legal name: _____

Date and place of birth: _____

Address: _____

Email address: _____

Agreement for Participation

In order to participate in the MTG Germany Exchange program that involves traveling abroad, it is important for all legal guardians to give consent.

Signatures:

Guardian 1

Date

Guardian 2

Date

Guardian 3

Date

Guardian 4

Date

Please communicate with the MTG Germany Exchange Committee, about who the primary contacts should be and if there are any concerns.
mtg.germanyexchange@gmail.com