

Morthland College

Minor Permission to Attend Form



Student's Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

As the parent or legal guardian of the above identified student, I hereby grant permission for him/her to enroll at Morthland College as a student, with all the privileges and responsibilities therein.

Parent/Legal Guardian: _____

Signature: _____ Date: ____ / ____ / ____