



**Ambasciata d'Italia
Abu Dhabi - Emirati Arabi Uniti**

**FORM TO BE FILLED IN BY TEACHERS/SCHOOLS' REPRESENTATIVES UNDERTAKING THE CUSTODY OF
STUDENTS BELOW 18 ON THE OCCASION OF SCHOOL TRIPS**

I THE UNDERSIGNED

_____ (teacher's/representative full name), born on _____,
_____ national (nationality), holder of the passport no. _____, on duty at
_____ (School's name) as _____ (profession),

being fully aware of the criminal penalties imposed for making false declarations, as per art. 76 of the Presidential Decree no. 445 of 28/12/2000,

HEREBY ATTESTS

to undertake the custody of the below-listed minor students on the occasion of trip to _____
(Schengen States involved), from _____ to _____ (dates), organized by _____
(School's name):

1. _____ (full name, date of birth, nationality, passport no.);
2. _____ (full name, date of birth, nationality, passport no.);
3. _____ (full name, date of birth, nationality, passport no.);
4. _____ (full name, date of birth, nationality, passport no.);
5. _____ (full name, date of birth, nationality, passport no.);
6. _____ (full name, date of birth, nationality, passport no.);

Abu Dhabi, _____ (date)

Signature
