



## Foomka Ogolaanshaha ka Qaybqaadashada Maalinta Nitbusters

### Consent Form for Participation in Nitbusters Day

Waan ogolaaday in ilmaheyga, oo magaciisu ka muuqdo halkan hoose, uu ka qaybgalo maalinta Nitbusters ee lagu qaban doono dugsiiga.

- Waan akhriyey warqada ku lifaaqan ee ku saabsan ujeedooyinka barnaamijka iyo nidaamka ku lugta leh.
- Waxaan fahamsanahay in ka qaybgalka ilmaheyga ee mashruucan uu yahay mid ikhtiyaari ah iyo in isaga/iyada ay dooran karaan inay ka laabtaan barnaamijka wakhtigii ay doonaan.
- Waxaan fahamsanahay inaan ka laaban karo ogolaanshaheyga in ilmaheygu ka qaybqaato mashruucan wakhti kasta.
- Waxaan fahamsanahay in macluumaadka ku saabsan ka qaybqaadashada ilmaheyga uu yahay mid qarsoodi ah oo aad loo adkeeyey. Waxaan ogolahay in natiijada mashruucan la daabici karo haddii aan ilmaheyga aan la garan doonin.

Magaca ardeyga: \_\_\_\_\_ Fasalka ardeyga: \_\_\_\_\_  
Student's name Student's class

Magaca waalidka/xannaaneyaha: \_\_\_\_\_ Taariikhda: \_\_\_\_\_  
Parent's/carer's name Date

Saxiixa waalidka/xannaaneyaha: \_\_\_\_\_  
Signature of parent/carer