

# OFFICIAL FORM

## ACCREDITATION • SCHOOL CERTIFICATE

*Document to be completed by the headmaster of the school and the director of the national school sport entity and presented at the accreditation*

### GENERAL

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NAME OF SCHOOL:

ADDRESS:

COUNTRY:

PHONE:

E-MAIL:

WEBSITE:

FACEBOOK:

TWITTER:

OTHER:

Student	First name	Name	Sport	Date of birth (DD/MM/YYYY)
1				
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Student	First name	Name	Sport	Date of birth (DD/MM/YYYY)
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**VALIDATION BY THE DIRECTOR OF THE NATIONAL SCHOOL SPORT ENTITY**

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M/Mrs

, Director of (*national school sport entity*)

confirms that he/she acknowledged the regulation of the ISF (*'all students must be enrolled at the same school since the beginning of the current school year'*) and certifies that he/she checked (made check) if all the students registered on the list above have been attending the school regularly since the official beginning of the school year.

Date, and place

Signature of the Director of, and stamp of the national school sport entity