



Patchwerk Mail-Pack Registration Form

Please provide your correct and current physical mailing address needed for international shipping. You can send me a picture of the completed form on WhatsApp at +1(646)818-5359 or via email at patchwerkorg@gmail.com.

Student Name: _____

Street Address: _____

City: _____

State/Parish/Regional Corporation: _____

Student Date of Birth: ____/____/____
month day year

Name of Student's Current School: _____

Student's Current Standard Level: _____

Parent Phone Number: _____

Parent Email: _____

Consent Form

I, _____, the parent or legal guardian of
_____ give Patchwerk permission
to send by certified postal mail the monthly educational materials included in the Patchwerk
Student Mail-Pack Program. These materials have been explained to me in the invitation letter
attached to this registration and consent form.

Parent Full Name Printed: _____

Signature: _____ Date: _____