**Parental Consent for Minor’s Travel and Study in the Republic of Moldova**

**Parents’ consent (both parents)**

Legalized by Notary with Authentication of Signature and Apostille

We, the undersigned, [Parent’s Name, Surname], a citizen of [Country of Citizenship], holding ID No. \_\_\_\_\_\_\_\_, issued on xx/yy/zzzz, and [2nd Parent’s Name, Surname], a citizen of [Country of Citizenship], holding Israeli ID No. \_\_\_\_\_\_\_\_\_\_\_, issued on xx/yy/zzzz, residing at \_\_\_\_ Street, XX, Apartment YY, hereby provide our formal consent for our minor child to travel and study in the Republic of Moldova.

Our child, [Child’s Name, Family Name], born on xx/yy/zzzz, is a citizen of [Country] and holds passport number [12345678], issued on zz/yy/zzzz. As parents, we grant permission for the following activities related to his/her academic pursuits in the Republic of Moldova:

**1. Travel Authorization**

 We authorize our child to travel to the Republic of Moldova for the purpose of pursuing higher education.

**2. Enrollment in Higher Education**

 We consent to our child signing official documents required for enrollment at *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova. This includes submission of necessary applications and agreements related to academic registration.

**3. Residence Permit Application**

 We authorize our child to submit an application to the General Inspectorate for Migration (IGM) of the Republic of Moldova to obtain a residence permit for academic purposes.

**4. Financial Arrangements**

 We permit our child to pay all required registration fees and open a bank account in the Republic of Moldova. This will serve as proof of financial resources, as required by the IGM during his/her stay.

This consent has been legalized by a Notary Public with authentication of signature and Apostille, ensuring compliance with international legal standards. As parents, we affirm our commitment to supporting our child’s educational endeavors and ensuring all necessary documentation is completed in accordance with legal and institutional requirements.

Signed,

[Parent’s Name, Surname]

[2nd Parent’s Name, Surname]