**The alien has been enrolled in an educational establishment under a general education or vocational training programme/programmes (Article 46 Part 1 Point 2 of the Law on the Legal Status of Aliens)**

**** [**The determined form request to amend the temporary residence permit in the Republic of Lithuania**](http://www.migracija.lt/l.php?tmpl_into%5b0%5d=index&tmpl_name%5b0%5d=m_site_index178&tmpl_into%5b1%5d=middle&tmpl_id%5b1%5d=2052)**.** *The request is submitted via the Lithuanian Migration Information System (MIGRIS);*

** Valid travel document (passport);**

 **The number of facilitation letter submitted by the education institution** **via Lithuanian Migration Information System (**[**MIGRIS**](http://www.migracija.lt/)**)** (*shall be indicated via ‘MIGRIS’ when filling-out the request regarding temporary residence permit;*

**The consent of parents or one of the parents, guardian or other lawful representative regarding the envisaged residence (education) in the Republic of Lithuania\*, *if the alien is minor;***

**** [**Document affirming that the alien has sufficient funds, which is sufficient in order to live in the Republic of Lithuania**](http://www.migracija.lt/l.php?tmpl_into%5b0%5d=index&tmpl_name%5b0%5d=m_site_index178&tmpl_into%5b1%5d=middle&tmpl_id%5b1%5d=1195) **(e.g., the undertaking of the parents or one of them to ensure the sufficient subsistence funds of the alien in the Republic of Lithuania and/or their bank certificate, or employment contract. The signature of the obligating person must be affirmed by the notary, the elder of the township of the municipality of the Republic of Lithuania or the employee of Migration Department, when such person when submitting the request to issue or change the residence permit arrives to the Migration Department).** **The value of subsistence funds shall be 0.5 minimum wage per month. There must be enough funds for the whole requested temporary residence permit validity duration;**

**** **The undertaking of the alien, that they will declare their place of residence in the dwelling, the residential area of which for one adult person, who declared their place of residence therein, will be no less than 4 square meters;**

 **Health insurance, which guarantees the payment for emergency health care services expenses and expenses that may occur, due to the return of the alien to the foreign country for health-related reasons (transportation, including, the escort of personal health care specialist(s)) and the insurance must be valid for the whole duration of the alien’s stay or residence in the Republic of Lithuania\*.**

**Health insurance is not needed, if compulsory health insurance installments are paid for the alien.**

**The alien may submit the health insurance at their own choosing:**

* ***By filling-out the request via ‘MIGRIS’;***
* ***By arriving at the booked visitation time to the Migration Department in order to submit documents and biometric data.***

** *If another person paid the public fees for the alien*, *who is older than 16 years of age*: the extended form of the payment order of the paid public fees, wherein the name(s), surname(s), personal identification number or date of birth of the alien, for whom the payment was made, is indicated.**

I have checked whether all of the necessary documents in regards to the issuing of the temporary residence permit were submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

(Citizenship, name(s), surname(s) and date of birth of the alien)

and I have accepted/not-accepted them:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of position)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name(s) and surname(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Documents issued abroad must be submitted translated in to Lithuanian language and the translations affirmed by the person or institution having the right to testify the translation from one language to another. Bank certificate and document affirming the health insurance may be submitted written in original English language or the English language translation from another language may be submitted, which is affirmed by the person or institution having the right to testify the translation from one language to another.**