

Authorisation for assistance to activities and/or outings

Information of the mother, father or legal guardian of the student

Name and surname:

Id:

I authorize my son(s)/daughter(s) to assist all the activities and school outings/excursions organized by Arimunani School during the school year, both at the school and outside the school premises.

In case of not assisting to one of these activities or outings/excursions, it should be communicated in writing to the school with at least one day notice; or the absence will be justified the next school day.

Student information

1. Name and surname:

2. Name and surname:

3. Name and surname:

This authorisation is valid from the date in which it is signed until further notice, and will extend through the classes/years my children is enrolled in, at Arimunani School.

Signature of father, mother or legal guardian:

Date: