

Pick up authorisation

Information of parent or legal tutor

Name and surname:

Id:

I authorise the persons listed below to pick up my son/daughter/children at the end of the school day, or whenever necessary.

Student /s information

1. Name and surname:

2. Name and surname:

3. Name and surname:

Authorised persons

1. Name and surname:

Id:

2. Name and surname:

Id:

3. Name and surname:

Id:

4. Name and surname:

Id:

5. Name and surname:

Id:

6. Name and surname:

Id:

7. Name and surname:

Id:

This document is valid from the date in which it has been signed and until further notice, and is extendible to all the years in which my son/daughter/children is/are enrolled at Arimunani School.

Signature of parent or legal tutor

Date: