

EARLY DISMISSAL REQUEST



I (parent's name and surname) _____

INFORM YOU ABOUT THE EARLY DISMISSAL AT

Pre & Primary school:

10.30 a.m. 12.30 p.m. 2.30 p.m.

Middle School:

11.00 a.m. 12.45 p.m. 2.00 p.m

High School: 11.50 a.m.

of my child (name and surname) _____

class _____ teacher _____ on the ___/___/20___

I authorise Mr/Ms (name and surname) _____* to collect my child

Date _____ Parent's signature _____

*copy of the ID/passport of the authorised person has to be attached unless it has already been submitted.

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