

AUTHORISATION

I _____ (Parent's name and surname)

AUTHORISE Mr/Ms _____ (Name and surname)

to collect my child _____ (Child's name and surname)

Class _____ **Teacher** _____

Only on ____ / ____ / ____ (Date)

Regularly

Rarely

Date _____ **Parent's Signature** _____

Always COMPULSORY: attach copy of the ID card of the authorised person
