EARLY DISMISSAL REQUEST

I _____ (Parent's name and surname)

INFORM YOU ABOUT THE EARLY DISMISSAL AT ◯ **11.30 a.m.** ◯ **2.30 p.m.**

of my child _____ (Child's name and surname)

Class _____ **Teacher** _____ **On the** **/** **/** (Date)

for the following reason _____ (Motivation)

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.**