



PARENT AUTHORIZATION FORM

Date : _____

Name of Parent: _____

Name of Children

Child's Name	Year Level

AUTHORIZE the following:

NAME	Telephone Number	Relationship to the Child

Tick All that is applicable

COLLECT MY CHILD/REN

On (DATE) : (dd/mm/yy) ___ / ___ / ___ To: ___ / ___ / ___

Other Special Arrangements

Example : "Will be walking to Salcott from Casserley" OR any other special arrangement

Parent Signature _____

ADMIN OFFICER TO FILL UP (Tick if Done)

Scanned and Saved form on the Shared Drive

Emailed to Teacher

Uploaded in School Pro

Filed on Student's Folder

Processed By (Admin Officer): _____ Date : _____