

ACCESS AUTHORIZATION FORM

Date: _____

PARENTS DETAILS

Father's Name: _____

Contacts/Email: _____

Mother's Name: _____

Contacts/Email: _____

CHILD'S DETAILS

Full Name: _____

Class/Grade: _____

Date of Birth: _____

AUTHORIZED ADULTS

These adults are permitted to collect your child from school. Please note that any changes to these access arrangements should be immediately communicated to school administration in writing, email or WhatsApp.

1. FULL NAMES: _____

PHONE: _____ Signature: _____

ID: _____

2. FULL NAMES: _____

PHONE: _____ Signature: _____

ID: _____

EMERGENCY CONTACTS IF PARENTS ARE UNAVAILABLE

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Authorizer's Name: _____

Relationship: _____

Signature: _____

