

Student Authorisation to Leave

I _____, the Parent/Guardian, hereby, give permission to allow the child/ren to leave the centre and meet myself and/or the other parent/guardian at a designated pick up area of our own choosing.

Child Surname	Child First Name	Age	Class Day/Time

Please note, students below the age of 10 must be escorted by a sibling who is 10+ years. Authorisation will not be granted to students who are collected by non-Alfirdaus College siblings.

- I confirm that the child/ren mentioned above meet the requirements to leave the centre unaccompanied by an adult.
- I hereby acknowledge that this permission shall be at the sole decision/responsibility of my own self and without any course of obligation or counter action on Alfirdaus College.

Contact Number:	
Parent/Guardian Signature:	
Date:	

OFFICE USE ONLY	
Witnessed By:	
Signature:	
Date:	