File Number

CISA
Cedars International School of Angola

STUDENT PICK UP AUTHORIZATION FORM

OTHER THAN THE FATHER AND MOTHER THE FOLLOWING PERSONS ARE ALLOWED TO PICK UP THE STUDENT(S):

Student Full Name: _____

Photo

Last Name: _____

First Name: _____

Relation to Student: _____

Date of Birth: d d / m m / y y y y Gender: Male ☐ Female ☐

Tel: _____

Photo

Last Name: _____

First Name: _____

Relation to Student: _____

Date of Birth: d d / m m / y y y y Gender: Male ☐ Female ☐

Tel: _____

Photo

Last Name: _____

First Name: _____

Relation to Student: _____

Date of Birth: d d / m m / y y y y Gender: Male ☐ Female ☐

Tel: _____

You may be asked at any time to show proof of identification to pick up a student.
Students will not be released to anyone other than Parents and those listed in this document.

Parent / Guardian full name and signature: _____