|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Child | ID # |
| #1 |  |
| #2 |  |
| #3 |  |
| #4 |  |

 **Parent Identification Card Application**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  |  |  |
| **Contact tel.** |  |  |  |  |
| **Relationship** |  |  |  |  |
| **Passport / ID number** |  |  |  |  |

* **I AUTHORISE THE ABOVE NAMED PERSON(S) TO DROP OFF / COLLECT MY CHILD(REN) FROM SCHOOL.**
* **I UNDERSTAND THAT THE SCHOOL WILL ONLY RELEASE MY CHILD(REN) TO THE ABOVE PERSON(S).**
* **I UNDERSTAND THAT THE ABOVE PERSON(S) WILL ONLY BE PERMITTED ONTO THE SCHOOL PREMISES IF THEIR SCHOOL-ISSUED ID CARD IS CLEARLY DISPLAYED.**

Parent Name:…………………………………………………………………………Passport/ID number:………………………………………………………….

Signature:……………………………………………………………………………..Contact Number:…………………………………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT DETAILS** | **CHILD 1** | **CHILD 2** | **CHILD 3** | **CHILD 3** |
| **NAME** |  |  |  |  |
| **CLASS YEAR** |  |  |  |  |
| **CLASS TEACHER** |  |  |  |  |

**------------------------------------------------------------------SCHOOL OFFICE USE------------------------------------------------------------------**

DATE RECEIVED:………………………………………………………..ID CHECKED AGAINST RECORDS: **Y / N** - BY:…………………………………….

DATE CARD(S) ISSUED:…………………………………………………………………PARENT SIGNATURE**:…………………………………………………..**