



# PARENT IDENTIFICATION CARD APPLICATION

## FOR OFFICE USE ONLY

Child	ID #

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
NAME			
CLASS YEAR			
CLASS TEACHER			

Please provide  
a passport size  
photograph

Please provide  
a passport size  
photograph

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## SCHOOL OFFICE USE

DATE RECEIVED: .....

ID CHECKED AGAINST RECORDS: Y/N

By: .....

DATE CARD(S) ISSUED:.....

PARENT SIGNATURE:.....