



# Pickup Authorization <sup>Form</sup>

Complete list of pickup authorizations  Our child is allowed to leave school alone.

Please complete this form and return it to the Berlin Metropolitan School/Preschool either by mail or by fax or leave it at the School office.

Wir möchten Sie bitten, dieses Formular ausgefüllt an die Berlin Metropolitan School/Preschool per Mail oder Fax zu senden oder im Sekretariat zu hinterlegen.

\_\_\_\_\_  
Date Datum

\_\_\_\_\_  
Signature Unterschrift

## A) CHILD KIND

Name, First name: \_\_\_\_\_

Name, Vorname: \_\_\_\_\_

Birthday: \_\_\_\_\_

Geburtstag: \_\_\_\_\_

Class | School year \_\_\_\_\_

Klasse | Schuljahr: \_\_\_\_\_

## B) THE FOLLOWING PERSONS ARE AUTHORIZED TO PICK UP MY CHILD AFTER SCHOOL/PRESCHOOL DIE FOLGENDEN PERSONEN DÜRFEN MEIN KIND VON DER SCHULE/PRESCHOOL ABHOLEN:

### 1. Name, First name:

Name, Vorname: \_\_\_\_\_

Address: \_\_\_\_\_

Adresse: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

Telefon/Mobiltelefon: \_\_\_\_\_

### 2. Name, First name:

Name, Vorname: \_\_\_\_\_

Address: \_\_\_\_\_

Adresse: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

Telefon/Mobiltelefon: \_\_\_\_\_

**Additional person see next page!**

**3. Name, First name:**

Name, Vorname:

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Address:

Adresse:

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Phone/Mobile:

Telefon/Mobiltelefon:

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**4. Name, First name:**

Name, Vorname:

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Address:

Adresse:

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Phone/Mobile:

Telefon/Mobiltelefon:

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**5. Name, First name:**

Name, Vorname:

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Address:

Adresse:

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Phone/Mobile:

Telefon/Mobiltelefon:

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\_\_\_\_\_

Date Datum

\_\_\_\_\_

Signature Unterschrift