

Pickup Authorization ^{Form}

Complete list of pickup authorizations Additional person/Change

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.

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: _____

3. Name, First name: _____

Name, Vorname: _____

Address: _____

Adresse: _____

Phone/Mobile: _____

Telefon/Mobiltelefon: _____

4. Name, First name:

Name, Vorname:

Address:

Adresse:

Phone/Mobile:

Telefon/Mobiltelefon:

5. Name, First name:

Name, Vorname:

Address:

Adresse:

Phone/Mobile:

Telefon/Mobiltelefon:

Date Datum

Signature Unterschrift