

AUTHORISATION FOR THE SESSION - 20..... TO 20.....

To
The Principal
St. Patrick's H.S. School
Asansol

RECENT
PHOTOGRAPH
(Father)

RECENT
PHOTOGRAPH
(Mother)

Dear Sir,

I/We the parents of _____ of class ____ Roll No. ____ would like to authorise the person mentioned below to drop/pick up my/our son. All details are given below. His /her signature below is duly attested by us (parents).

Thanking you,

(Signature of Father / Mother)

RECENT
PHOTOGRAPH

(Person Authorised)

Name (Person Authorised) : _____

Signature of the Person Authorised : _____

Attested by (Parents Signature) : _____ / _____



RECENT PHOTOGRAPH IN SCHOOL UNIFORM	Student Name : _____ Class: _____ Sec: _____
	Father's Name : _____ Mother's Name: _____
	Phone No. : _____ / _____
	Address: _____

RECENT PHOTOGRAPH (Person Authorised)	Name (Person Authorised) : _____
	Relation : _____ Phone No. : _____ / _____
	Signature (Person Authorised) : _____
	Signature of Father : _____ Signature of Mother: _____

Principal's Signature

Coordinator Signature