



ICICE AL-NOOR ACADEMY

CHILD PICK-UP DROP-OFF FORM

PASSPORT

S/N	STUDENT NAME	CLASS

PASSPORT

PASSPORT

The following people HAVE permission to pick-up the child/children listed above from the school. It is the parents' responsibility to notify the management of any changes in writing.

Please attach 2 passport photographs of each person

1) NAME:

RELATIONSHIP TO STUDENT:

2) NAME:

RELATIONSHIP TO STUDENT:

3) NAME:

RELATIONSHIP TO STUDENT:

SIGN

DATE
