



Read Academy
 445-447 Ley Street, Ilford, Greater London IG1-4AD
 T: 020 8554 9111 E: info@readacademy.co.uk W: www.readacademy.co.uk

PARENTAL AUTHORITY FOR CHILD TO BE COLLECTED FROM READ ACADEMY

NAME OF CHILD: _____ CLASS: _____

This is to confirm that I/We (*please delete where applicable*) give full authority for the following named person(s) to collect my child, from Read Academy.

- Mother..... Full Name
- Father Full Name

(please ensure you tick both boxes if you wish both yourself and your spouse to collect your child/ren and give authority for your child/ren to be collected.)

Full Name	Relationship	Contact No.

Should there be any changes, I will immediately notify you in writing, for your records to be amended.

The school will not take responsibility for the consequences of your failing to do so.

PRINT NAME:

SIGNATURE OF PARENT: DATE:

SIGNATURE OF PARENT: DATE:

SIGNED ON BEHALF OF READ ACADEMY:

PRINT NAME: DATE: