

Ministero dell'Istruzione dell'Università e della Ricerca ISTITUTO COMPRENSIVO DI LENO

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Subject: Delegation for the withdrawal of pupils.

NURSE	RY/PRIMARY SCHOO	L OF
I ,signed pa	arent of the child	attending
the class /section	authorize the t	eachers to grant the
custody of my son/daughte	er	
for the returning from scho	ol, to the following person	ons:
(LIST ALL NAMES)		
Therefore I free school from	m any responsibility .	
DATE		
		SINCERELY

The declaration must be returned to teachers completely compiled and signed.

Teachers must always be informed with a call or a written note(specifying who and when) in case one of the delegated persons come to pick up a pupil.