



Over The Rainbow Asbl International School
7, Rue Val Ste Croix
L-1371 – Luxembourg
+352 26094542

**Parental authorization for leaving the school without accompaniment
or with a third party**

I, the undersigned:

.....

Phone number:

.....

Responsible of the child/ children:

Family Name	First Name	Class

- Authorize my child / children to leave the school without accompaniment on Monday, Tuesday, Wednesday, Thursday, and Friday at 15h00*.
- Authorize the teaching staff to allow my child / children to go during the entire scholar year with (specify the surname, first name, the capacity of the persons assigned and the phone number):

*** Please note that the school suggest to give the authorization starting from P5.**

Family name /First Name	Capacity of the person	Phone number

Signed in _____, the _____.

Signature of the legal representative
