



108 Hambidge Crescent Chisholm ACT 2905 Australia

Email: info@chisholm.act.edu.au

I authorise the following person /s to collect my child ___

The original of this form must be placed on the student's file.

Junior Campus Phone: (02) 614 23555 Web: www.chisholm.act.edu.au Senior Campus Phone: (02) 614 23550 **ABN**: 69 561 547 852

Caroline Chisholm School – Chisholm Preschool Unit

Authorisation Form – Additional authorization for one occasion

Please complete this form for **each additional person**/s that you consent to collecting your child from preschool. This form is stored in the preschool with your enrolment details.

Additional Authorised people				
Name	Contact detail	Sibling yes/no		
	,			
arent/Carer Name:				





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Caroline Chisholm School – Chisholm Preschool Unit

Authorisation Form – Additional authorization communicated via phone or email

Please complete this form for **each additional person**/s that you consent to collecting your child from preschool. This form is stored in the preschool with your enrolment details.

from Caroline Chisholm School – Chish	olm Preschool Unit on the following date	:·		
This will be a one-off occasion and this authorised nominee to collect my child	s person is not to be included on my child'd d on an ongoing basis.	's enrolment form as an		
Additional Authorised people				
Name	Contact detail	Sibling yes/no		
		,		
Parent/Carer Name:				
Signature:	Date:	Date:		