

apia

associação de protecção
à infância da ajuda

AUTHORISATIONS



KINDERGARTEN

SCHOOL YEAR

_____ | _____

**01
AUTHORISATION FOR VISITS
AND TOURS OF PEDAGOGICAL
AND EDUCATIONAL PURPOSE**

Tutor Name _____

Student Name _____

Educational Grade _____

Teacher Name _____

AUTHORISE **DO NOT AUTHORISE** my student to take part in out of school activities related to the pedagogical and educational practices, in the present school year.

**02
AUTHORISATION FOR
PHOTOGRAPHIC RECORDS**

AUTHORISE **DO NOT AUTHORISE** my student to be photographed in pedagogical activities in the class room, in activities integrated in "Languagens of Art" project.
Collected images will be integrated in pedagogical character documents, in APIA's website or any other digital support and always under the safeguard of child's anonymity.

If you do not authorise your student to be photographed in just some specific activities, please identify each one in the lines under.

The Tutor

(Signature as in ID card)

03
DECLARATION OF AUTHORISATION

Tutor Name _____

Student Name _____

Educational Grade _____

Teacher Name _____

I hereby declare that the persons under named are allowed to deliver and pick up my student throughout the present school year:

NAME

ID NUMBER

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The Tutor

(Signature as in ID card)