



International School of Poznan

International Baccalaureate World School no. 002709



**Early Dismissal Authorization
(Unescorted Students)**

As a parent or a legal guardian, I hereby give my consent and authorize the International School of Poznan to release:

Child's full name: _____

Class: _____

unescorted from school on

(date) _____ at (time) _____

I take full responsibility for his / her safety during this absence from school during school hours.

Reason for early dismissal:

Parent / Legal Guardian Name:

Parents Signature :

ISoP Staff Name & Signature :
