

## Authorisation to leave the school on his/her own 2024-2025

Please fill in with the appropriate option:

A) I,.....(*first name & surnames of the father or mother*)  
....., with ID /NIE number  
.....authorise my son/daughter  
.....  
enrolled in the school in class ..... to leave the school alone after  
the school activity, during the whole school year, and under my responsibility I  
inform the teaching staff of the school for the record.

B) I,..... (*first name & surnames of the father or mother*)  
....., with ID/NIE number  
..... inform that my son/daughter  
..... has  
my permission to leave the school alone within the following timetable:  
  
and under my responsibility I inform the teaching staff of the school for the  
record.

I sign this authorisation

Date: .....

Barcelona

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**Basic information on personal data protection**

**Responsible:** Júlia Castells Foundation - Els Arcs Foundation. **Purpose:** Dissemination of the schools and the activities proposed by the foundations. **Legitimation:** Consents of the interested parties. **Recipients:** They will not be transferred to any third party, except for legal obligation **Rights:** You can withdraw consent, access, rectify or delete the data, as well as exercise the rights mentioned in our Privacy Policy. **Additional information:** For more information, consult the Privacy Policy that you will find on our website peterpan.cat

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