****

**Aluno (a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Turma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ portador (a) da identidade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ responsável pelo(a) aluno(a) acima, autorizo a sua saída diária com os portadores abaixo relacionados sob minha total responsabilidade.

|  |  |  |  |
| --- | --- | --- | --- |
| Nome do portador | CPF/MF nº | RG nº | Grau de parentesco |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |
| 4) |  |  |  |
| 5) |  |  |  |
| 6) |  |  |  |
| 7) |  |  |  |
| 8) |  |  |  |
| 9) |  |  |  |
| 10) |  |  |  |

**Rio de Janeiro, \_\_\_\_\_\_/ \_\_\_\_\_\_/ \_\_\_\_\_\_.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Assinatura do Responsável Legal