

Educational Enrollment Authorization

Date: _____

To Whom It May Concern,

I, **[Your Name]**, the parent/legal guardian of **[Student's Name]**, hereby authorize **[Authorized Person's Name]** to enroll my child in **[School/Institution Name]** for the academic year **[Year]**.

I confirm that the details provided below are accurate:

- **Student's Date of Birth:** [DOB]
- **Address:** [Student's Address]
- **Guardian's Contact Information:** [Your Phone Number / Email]

Thank you for your assistance in this matter.

Sincerely,

[Your Name]

[Your Signature]