

Simonstone St. Peter's Church of England School



YEAR: 2015/16

NAME OF CHILD _____

1. My child has a sibling in school and will meet me on the infant yard.

2. My child attends OOSE and will be handed over in the Resource Classroom.

3. I would like my child to be handed over to me by the Class Teacher

4. I would like my child to leave school independently and I will meet them at the top of the Junior steps outside the playground.

5. I give my permission for my child to walk home, or make their own way home independently.

Parent Signature: _____

Date: _____