

Please complete the form below and return to the office

Child collection

Name of child 1: _____ Year Group: _____

Name of child 2: _____ Year Group: _____

Name of child 3: _____ Year Group: _____

I give permission for the following people to collect my child from school on a regular basis,

Contact 1

Name of contact: _____

Relationship to child: _____

Contact 2

Name of contact: _____

Relationship to child: _____

Contact 3

Name of contact: _____

Relationship to child: _____

Contact 4

Name of contact: _____

Relationship to child: _____

Contact 5

Name of contact: _____

Relationship to child: _____

Contact 6

Name of contact: _____

Relationship to child: _____

Please provide below a password which can be used if your child is collected by a different adult: These will be available to class teachers.

Password: _____

If you would like your child to walk home on their own then a written letter must be given to your child's class teacher.

A reminder that the office must be informed if your child is collected by any other adult. If we do not know who your child is going home with we will keep them here until we have contacted you directly.