



COLLECTION FROM SCHOOL

Name of child:

Class:

I give permission for my child to be collected by the following people:

If there are any changes, please update this form in the school office

<u>Name of Adult</u>	<u>Relationship to Child</u> <i>(if a parent of a child in another class is collecting please also name child and class)</i>

My child is in Year 6 and I give permission for him/her to walk home without an adult. (Please tick)

Parent signature: _____ Relationship to child: _____ Date: _____

Any person named on this list will be able to pick your child up throughout the school year. We will not allow anyone else collect your child, unless you have given written permission to the class teacher or verbal permission via the school office.