



END OF THE DAY COLLECTION ARRANGEMENTS

PLEASE COMPLETE THIS FORM TO HELP US IMPROVE YOUR CHILD'S SAFETY AT THE END OF THE DAY

CHILD'S NAME:

CLASS:

I CONFIRM THE FOLLOWING PEOPLE ARE AGED 16 OR OVER
AND ARE AUTHORISED TO COLLECT MY CHILD FROM SCHOOL

Name

Relationship to child

Contact Telephone Number

.....
.....
.....
.....
.....

ANY OTHER MESSAGES:

SIGNED:

Parent/Carer

DATE:

If you make an alternative arrangement, please make sure that you inform the school office. We will not allow a child to go home with anyone other than the people named above, without parental permission.