

Please print clearly for each of your children and sign to confirm this information is correct.

Arrangements for the end of the School Day:

| Child 1 - Name: Class: |
|---|
| Will be collected by:Relationship: |
| <u>OR</u> |
| Has permission to walk home (please tick box) |
| Other arrangement* (please tick box) |
| Child 2 - Name: Class: |
| Will be collected by:Relationship: |
| <u>OR</u> |
| Has permission to walk home (please tick box) |
| Other arrangement* (please tick box) |
| Child 3 - Name:Class: |
| Will be collected by: |
| Has permission to walk home (please tick box) |
| Other arrangement* (please tick box) |

*other arrangement such as meeting a parent at the car means you are ticking the box to give your child permission to leave the care of the teacher at the end of the day.

I confirm that the above information is correct, and that if it changes at any time I will let the School Office know.

Signed:..... Date:.....

Print Name:

Form needs to be completed, signed and returned to the School Office.