

Permission To Collect Form

PLEASE COMPLETE ONE FOR EVERY CHILD WHO ATTENDS THE SCHOOL

Name of child: _____ Class: _____

I give permission for the following people to collect my child (please include parents/carers):

Name of adults:	Relationship to child:	Which days? (optional)

If this form is not completed, the school will continue with the arrangements that are in place for your child. If there is any change to this information, please notify the school as soon as possible.

Please sign and return to the school office or your child's class teacher.

Name of parent/carer: _____ Signature: _____

Date: _____