

Collection from School

Pupil Name: _____

Please could you complete the table below indicating who has permission to collect your child from school and their relationship to your child.

NAME	RELATIONSHIP TO PUPIL		
SIGNATURE (Parent / Guardian)		DATE	
RELATIONSHIP TO PUPIL			

Please indicate below if you give permission for your child to leave the school grounds at the end of the day without you collecting him/her from their classroom/school yard. If they are collecting a younger sibling, please state the name/s of siblings.

Can you please ensure that you make daily arrangements with him/her as to where they should meet you or if they are to walk home.

SIGNATURE (Parent / Guardian)		DATE	
RELATIONSHIP TO PUPIL			