

END OF DAY COLLECTION FORM

Child's Name: _____

Class: _____

Please complete the table below with a tick to show the end of the day arrangements for the collection of your child.

	Permission to walk home	Permission to walk to a parked vehicle outside school	Collection by a parent in the playground	Collection by another adult in the playground	Collection by Bedale Day Nursery
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Please list below the adults who are authorised to collect your child

Name	Relationship to child	Address	Telephone Number

Please note that it is parents' responsibility to inform school in writing of any changes to the list of authorised collectors for their child or if there are any changes to the way your child travels home from school.

Signed parent / carer: _____

Date: _____