

Camblesforth Community Primary Academy

Collecting Children From School Policy



Parent name:

Child name:

I give permission for my child to be collected from school by:

1.

Relationship to child:

Telephone number:

Address:

2.

Relationship to child:

Telephone number:

Address:

3.

Relationship to child:

Telephone number:

Address:

I understand that if I am authorising a sibling that child is high school age and I feel they are capable of taking care of my child.

Signed: **Date:**