

Little Waltham C.E.V.A. Primary School – Child Collection Form

Child's Name: _____ Class: _____

Date of Birth: _____

Please could you write in the table below the people who will be authorised to collect your child from school.

Name:	Relationship to your child:

Please note:

- If another person is going to collect your child who is not listed above could you please inform a member of staff prior to the collection or contact the school.
- If for any reason you are going to be late picking up your child, we ask you telephone the school or try to make alternative arrangements for somebody else to pick them up.

Parental Signature: _____

Member of Staff Signature: _____

Date: _____