

Authorisation Consent Form for Home Time Collection



Name of Parent/Guardian _____

Address of
Parent/Guardian _____

Contact Number _____

Signature _____

Name of Child _____ Class _____

Please list below the names of 4 people to whom you give authority to collect your child from school including parents. Please note these people must be over 16 years of age. Please also supply a password below which the people authorised in your list will need to quote when collecting your child: This list will be updated on a yearly basis.

Password _____

Name	Address	Tel. No.

If for some reason none of the above people are unable to collect your child please send in a letter detailing the name of the person who will be collecting, or contact the school.

Year 5 and 6 only are allowed to walk home with parent's consent. Please indicate below if your child is allowed to walk home.

I give consent for my child to walk home from school

Parent's signature _____