



Collection of Children Form

Name of Child:

Class:

Usual Arrangements:

- My child makes their own way home
- Is collected by me

Name:

- Is collected by my husband/wife/partner

Name:

- Is collected by a relative

Name:

Relationship to child:

- Is collected by another adult

Name:

Other information relating to collection we need to know:

(Continue overleaf if necessary)

Arrangements if you or the adult indicated above are unable to collect your child or you are allowing them to walk home:

If someone else is to collect your child or you are allowing them to walk home on their own, please inform the office.
We will only release children into the care of individuals named by you if you provide us with a password

Please choose ONE password reminder question

- Favourite place
- Your mother's maiden name
- Favourite animal
- Other *write the reminder question* _____

The answer to my password question is: _____
(this is your password)

Signed _____ Parent/Carer

Date _____