

## Collection Arrangements

Child's name ..... Class .....

Please enter the name of the adult you expect to be collecting your child on each day of the week and return this form to school as soon as possible.

If the collection arrangements below need to be amended please inform the school office Tel: 01296 489264.

Day of the week	Name of person collecting your child	Details of named person collecting your child For e.g. 'parent', 'childminder'	Contact telephone number of the named person collecting your child
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

If for any reason the collection arrangements for your child change on a particular day please telephone the school office who will relay the message to your child's teacher.

If your child is collected by a taxi please inform the school of the name of the taxi company. Children will not be released from school unless the taxi driver comes to reception to collect your child.

Signature .....Parent/Carer                      Date .....