

# HOME TIME ARRANGEMENTS



<u>CHILD'S NAME</u> SURNAME	FIRST NAME
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My child ..... will be collected by :

**OR**

My child ..... will walk to the school gate at the end of the school day and wait to be collected from there. Should I not arrive, my child understands that he / she is to report back to the School Office immediately.

**OR**

My child ..... will walk to / from school alone and I understand that he / she should leave the school site immediately at the end of the school day.

**Please complete the relevant box above and return to the school office immediately.**

Signature of Parent / Guardian	Date
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