

**Child(ren) Collection Information**

Child's Name ..... Year .....

Child's Name ..... Year .....

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I authorise the people listed below to collect my child(ren) at the end of the school day without further notification.

Name	Relationship	Day(s) of Week

**OR**

No-one is to collect my child(ren) except me. I will notify the school in person or by telephone if someone else is to collect my child on any one particular day.

Signed ..... Date .....