



Liskeard Hillfort
Primary School

After- School Collection Arrangements 2013/14

For (Child's name) Class:

I give permission for the people listed below to pick up my child from school. If I wish someone who is not on the list to collect my child, I will inform the school either in person or by telephone by **2.30pm** that day.

Name of person/childcare provider	Telephone number	Known by child as	If your child is collected by someone other than yourself on a regular basis, please state which days, if possible

I give my permission for my child to walk home unaccompanied by an adult (**Year 3, 4, 5 and 6 only**) YES/ NO (please delete as applicable)

Parent Signature: Print name: Date:

If you wish to add or remove anyone from this list, please come into the school office or speak to a class teacher.