**Permission to Leave School Unaccompanied**

If you would like your child to leave the school unaccompanied at the end of the day, please complete this form and return to the office.

 **Child’s Name: ………………………………….. Class: …………………….**

Please accept the following for:

|  |  |  |  |
| --- | --- | --- | --- |
| Mondays |  | Thursdays |  |
| Tuesdays |  | Fridays |  |
| Wednesdays |  | Only on Specific Days that I will inform the school of. |  |

My child has my permission to walk home from school unaccompanied.

My child has permission to leave school unaccompanied to meet myself/nominated person at an agreed place.

**Please note, children will not be permitted to meet adults at the School Crossing or at a car on the double yellow lines as this causes too much congestion.**

I am happy for my younger child: …………………….…. in class: …………..…...... to be collected from the classroom by their older sibling: ………….………… class ………………..…. to meet an adult at an agreed place.

**Signed …………………………………. Date ………………………..**