**Collection at the end of the school day**

Pupil’s name: ……………………………………… Date: ………………...………

Class: …………………..……………..…….

Parent’s / guardian’s name: …………………………………….…..….………..

Signature: …………………………………………..….……....

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full name of adult collecting above pupil or name of childcare provider |  |  |  |  |  |

N.B. If there are any changes to these arrangements, please notify the class teacher by writing in the ‘going home book’ found in the cloakroom or classroom. If regular arrangements change spare forms are available on the cloakroom notice board or from the office.