|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NAME | CONTACT NUMBER | PASSWORD | SPECIFIC DATE / DAYS OF THE WEEK OR AS AND WHEN | UNTIL FURTHER NOTICE OR SPECIFY DATE THIS INSTRUCTION IS VALID UNTIL |
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**Should you wish for anyone other than yourselves (Parents / Carers) to collect your child on a regular basis or on occasions, please complete this form.**

**I give permission for my child to be collected from school by:**

Child’s Name……………………………………………………………………………….

Class…………………………………………………………………………………………….

Parent/Carer Name………………………………….

Date…………………………………………………………

Signature…………………………………………………

**If there is anyone in particular who does not have permission to collect your child from Hilltop, please give details below.**

…………………………………………………………………………………………………….

Parent/Carer Name………………………………… Date…………………………..

Signature…………………………………………………