Child Collection Form

We would like to ensure that children are permitted to leave with authorised adults only when they are collected from school. Please complete this form, authorising up to three people to collect your child/ren, and inform us of regular routines regarding the collection of your child/ren from school.

I am the parent/legal guardian of _____
and I give permission for my child to be collected by the following nominated persons:

Name: _____ Contact number: _____

Name: _____ Contact number: _____

Name: _____ Contact number: _____

Regular routines:

Monday Collected by _____

Tuesday Collected by _____

Wednesday Collected by _____

Thursday Collected by _____

Friday Collected by _____

Other important information:

Signed (Person with parental responsibility): _____

Date: _____

Executive Headteacher:
Mrs Julie Dekker B.Ed (Hons), NPQH
Email: office@rocklands.norfolk.sch.uk office@greatellingham.norfolk.sch.uk
Rocklands: 01953 483369 Great Ellingham: 01953 453342