

# Collection of Children Form

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

The following person/people have permission to pick-up my child from school on a regular basis: (Please include both parents' names and details if they will be collecting the child)

<u>Name</u>	<u>ID Card Number</u>	<u>Days of week they pick-up</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand this form gives permission to the above-named individual to pick-up my child on the stated days only. If this schedule changes I must notify the office in writing.

**OR**

My Child is to go home unaccompanied (only possible for Children in year 6 or above).

\_\_\_\_\_  
(Yes/No/Not applicable).

**OR**

My child is to go home with a sibling.

Name of sibling: \_\_\_\_\_

**OR**

My child is to go home with school transport.

\_\_\_\_\_  
(Yes/No/Not applicable).

If yes, kindly write your home Maltese address:

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_