

St.Christopher's Primary School
Haddington Road



COLLECTION AUTHORISATION FORM

Dear Parents,

Please complete and return this form indicating who is authorised to collect your child from school. For security and child safety reasons, we will not release your child to any persons not named on this form. If there are unexpected changes please inform your child's teacher in writing.

Child's name: _____

Class: _____

Teacher: _____

	Name of person	Phone number
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____