

Permission to walk to and from school without adult supervision

It is important for our school to know which children walk to and from school each day without adult supervision. In order to update our records please could you indicate below if you give permission for your child to walk to and from school.

If at any time this situation changes, please inform the office as soon as possible so that we may amend our information.

If we do not receive confirmation from you we will assume your child walks to and from school accompanied by an adult.

Please complete the form, sign and return it to Reception.

Regards

Teresa B Selvey
Headteacher

Permission to walk to and from school without adult supervision

I hereby give permission for my child
to make their way either to or from school without supervision on the following days (please tick):

Week/Month Commencing: ____/____/____

	Walk to school on:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Every Day	

	Walk home from school on:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Every Day	

Signed Parent/Carer _____ Date _____

Emergency Contact 1 – Name _____ Tel. No. _____

Emergency Contact 2 – Name _____ Tel. No. _____

Permission to travel on Public Transport to and from school without adult supervision

It is important for our school to know which children travel to and from school each day without adult supervision. In order to update our records please could you indicate below if you give permission for your child to travel independently on public transport to and from school.

If at any time this situation changes, please inform the office as soon as possible so that we may amend our information.

If we do not receive confirmation from you we will assume your child travels to and from school accompanied by an adult.

Please complete the form, sign and return it to Reception.

Regards

Teresa B Selvey
Headteacher

Permission to travel to and from school on Public Transport without adult supervision

I hereby give permission for my child to make their way either to or from school without supervision on the following days (please tick):

Week/Month Commencing: ____ / ____ / ____

	Travel on Public Transport to school on:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Every Day	

	Travel on Public Transport home from school on:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Every Day	

Signed Parent/Carer _____ Date _____

Emergency Contact 1 – Name _____ Tel. No. _____

Emergency Contact 2 – Name _____ Tel. No. _____