



Afternoon Pickup Arrangements

Dear Parent/Carer,

To ensure your children's safe travel home each day we need to have information about how your children will be going home in the afternoon and who they intend to travel with.

Please complete this form and return it to the office ASAP so we can update our records. Please ensure your child is aware of these arrangements.

Please call the school before **2pm** each day for any daily changes.

With kind regards,
 Lesley Studans
 Principal



STUDENT TRAVEL ARRANGEMENTS

CHILD'S NAME _____ CLASS _____
 CHILD'S NAME _____ CLASS _____
 CHILD'S NAME _____ CLASS _____
 CHILD'S NAME _____ CLASS _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Parent					
Rolling Pick Up					
Bus					
COSHC					
Walk					
Other					

If other, please specify- *(including name of person collecting child/children)*

Signed _____ Date _____