



ST. KATHARINE'S C.E. (V.A.) PRIMARY SCHOOL
Rolls Drive • Southbourne • Bournemouth BH6 4NA



PERMISSION TO LEAVE SCHOOL WITH A NAMED ADULT

Name of child:.....Class:.....

I give permission for the following named adults other than myself to collect my child/ children from school:-

Please print names:

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Signed:.....person with parental responsibility

Name:.....

Date:.....