



# Years 5 & 6 Permission to go home alone after school finishes and taking the Duty of Care from Wallace Fields Junior School.

## Contract and Registration Form

Parent/carer: \_\_\_\_\_

e-mail: [Office1@wallacefields-jun.surrey.sch.uk](mailto:Office1@wallacefields-jun.surrey.sch.uk) Telephone: 0208 393 0350

Information recorded here is kept confidential – see confidentiality policy

### Child's Personal details:

Full name of child: \_\_\_\_\_ Class \_\_\_\_\_

Date of Birth: (day/month/year) \_\_\_\_\_

Child's Home address:

\_\_\_\_\_  
\_\_\_\_\_

Telephone contact: Home :.....

Mobile:.....

Work: .....

E-mail : .....

I hereby give permission for my child to walk home alone and relinquish the school's duty of care from the time my child leaves the school grounds. This agreement is binding from the date given.

Signed \_\_\_\_\_

Date: \_\_\_\_\_

