



Year 5 & 6 Permission to go home alone after school finishes at 3.30pm 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 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: _____

