

EYFS PERMISSION TO COLLECT FROM SCHOOL

CHILD'S NAME:	
Contact 1 (name, address, telephone number):	
Contact 2(name, address, telephone number):	
Contact 3 (name, address, telephone number):	
Contact 4 (name, address, telephone number):	
Contact 5 (name, address, telephone number):	
Contact 3 (name, dadress, relephone nomber).	
I give permission for the above named people to collect my child from school.	
Signed:	_ Parent/Carer
Name	Drint name
Name:	_ Print name

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- Orton Wistow Primary School, Wistow Way, Peterborough, PE2 6GF

Opportunity.
Work Together.
Nurture.