

**Confidential**

**Kempshott Infant School – End of Day  
Arrangements Form**

Child's name .....

Class .....

**Please write the name(s) of the person(s) who will collect your child from school below. Please include parent/carers if they collect:**

Name:	Name:	Name:	Name:
Relationship to child:	Relationship to child:	Relationship to child:	Relationship to child:
Known as (to child):	Known as (to child):	Known as (to child):	Known as (to child):

**PLEASE NOTE:**

- **Please include people who will be picking up on after school club days**
- **Please keep your own copy of the information provided in this form.**
- **If you wish to make permanent changes to this form, please contact the school office in person to request a new form.**

I confirm that I understand the school's procedures for the collection of children at the end of the school day.

Name of parent ..... (Printed)

..... (Signed) Date.....