



## Afternoon Pickup Arrangements

Dear Parent/Carer,

To ensure your children's safe travel home each school day we need to have information about how your children will be going home in the afternoon and who they intend to travel with.

Please complete this form and return it to the office ASAP so we can update our records.

Please ensure

1. Your child is aware of these arrangements.
2. The school is notified **in writing or by phone** call if there are any changes to these arrangements.
3. Your child has their bus pass or bus fare for their journey home.

Kind regards,

Lesley Studans

Principal

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### STUDENT TRAVEL ARRANGEMENTS

CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_  
 CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_  
 CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_  
 CHILD'S NAME \_\_\_\_\_ CLASS \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
Parent					
Bus					
COSH					
Other					

If other, please specify- *(including name of person collecting child/children)*

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Signed \_\_\_\_\_ Date \_\_\_\_\_