



**ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.**  
Coronation Avenue, Wilford, Nottingham NG11 7AB  
☎ 0115 9152961 Fax 0115 9152962  
Email: admin@st-patricks.nottingham.sch.uk  
Website: www.st-patricks.nottingham.sch.uk



Headteacher: Mrs T Lane

21 September 2017

Dear Parents/Carers

## **CLASS 6**

### **END OF DAY DISMISSAL DAY UPDATE**

Please complete **one** of the attached End of Day Dismissal forms for your child/ren and return to school immediately to enable us to update our records and to ensure a safe dismissal at the end of each day.

**Please complete the 'Walking Home without Adult Supervision Parental Consent Form' if your child is to be dismissed to walk home alone.**

If you wish your child/ren to be dismissed only to the direct care of their parents or a nominated person/s, then complete the first section of the **'Children to be Collected from School Form'**.

If you wish your child to join their siblings and be dismissed from their class to join their siblings, then complete the second section of the **'Children to be Collected from School Form'**.

**In the event of an emergency change to the arrangements for collection, as can happen on very rare occasions, parents must send in a written letter explaining the change, when the arrangement is for, which adult is involved and how long it will last for. This authorisation will only be accepted from the parents/carers of the child.**

**Alternatively, if very last minute, then parents must phone the office and provide the specific details.**

**We are unable to guarantee that any messages left on the answer phone, or sent by email will be picked up in time or even at all.**

**Also, we cannot accept the word of any child/siblings /other adults about changes to collection arrangements as this has proven to be one of the main reasons for confusion and mix ups over the last few years. The authorisation is only valid if received from the parents themselves in writing.**

Thank you for your co-operation

**Please return the form immediately so that records can be updated.**

Kind Regards

A handwritten signature in blue ink that reads 'T. Lane'.

T Lane  
Headteacher



**ST. PATRICK'S CATHOLIC VOLUNTARY ACADEMY.**  
 Coronation Avenue, Wilford, Nottingham NG11 7AB  
 ☎ 0115 9152961 Fax 0115 9152962  
**Email:** admin@st-patricks.nottingham.sch.uk  
**Website:** www.st-patricks.nottingham.sch.uk



**Headteacher:** Mr N Benzie

21 September 2017

**Walking Home without Adult Supervision Parental Consent Form**

I give my consent for my child ..... in Year 6 to walk home alone from school as from (date).....

I understand that their brothers/sisters

.....

In class/es ..... will still be collected at the end of the school day at 3.20pm by

.....

.....

**(Delete if there are no other children in school)**

Your child will be dismissed from class after the other children have left the school grounds and they will then be expected to walk straight home and not congregate around school or in the local area. Any incidents on the way home should be reported on the following day.

Once the children have left our care they are no longer the schools's responsibility, however, if they bring the school into disrepute on their way home, we will address this matter with you and sanctions will be imposed on your child in line with the school's Behaviour Policy, which can be found on the website. Sanctions will include withdrawing the right to let them leave school without an adult.

Please sign below and return to school.

I understand and agree to the school's policy that this privilege will be removed if school feel my child's behaviour makes them unsafe to walk home alone or brings the school into disrepute in any way.

Signed ..... Date .....

Parent of ..... Class .....



To be returned to the School Office

**CHILDREN TO BE COLLECTED FROM SCHOOL FORM**

NAME OF CHILD ..... CLASS .....

**IS ONLY TO BE DISMISSED INTO THE DIRECT CARE OF THEIR PARENTS OR NOMINATED PERSON(S) DETAILED BELOW**

Parents mobile numbers.....

Name of nominated person .....

Telephone number.....

Name of nominated person .....

Telephone number.....

**Monday/Tuesday/Wednesday/Thursday/Friday**  
**(Please indicate which day(s) the nominated person will collect your child)**

PARENT SIGNED: ..... PRINT NAME: .....

DATE .....

**OR**

**PUPILS JOINING SIBLINGS IN SCHOOL**

I AUTHORISE MY CHILD .....CLASS .....

**TO JOIN THEIR SIBLINGS IN THEIR CLASS AND THEN BE DISMISSED.**

SIGNED ..... PRINT NAME ..... DATE

