



Hilltop Infant School

Name of child:

Class:

I/We give permission for the following people to collect my/our child(ren) from school.

- | | |
|---------|----------|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Signed (Parent/Carer).....Date.....