

Hometime arrangement form

Name of child:	Year group:
Address:	
Name of adult completing form:	
Relationship to child:	
	Please tick
My child is collected by me or the other person with parental responsibility	<input type="checkbox"/>
My child is collected by a relative, friend or child minder	<input type="checkbox"/>
Please state name(s):	

If your child is in Year 4,5 or 6 and you would like them to travel to school independently please complete the following parts of this form. If your child is bringing a mobile phone, please sign our Mobile phone agreement.

PLEASE NOTE CHILDREN FROM NURSERY TO YEAR 3 ARE NOT PERMITTED TO COME TO SCHOOL OR GO HOME ON THEIR OWN.

How will your child travel? Walk/bus/tube/ other (please specify):											
How long will the journey (approximately) take?											
Please outline reason (s) why you want your child to travel to/home from school on their own:											
Please tick which day(s) your child will be travelling to/from school on their own <table border="1"> <tr><td>Monday</td><td></td></tr> <tr><td>Tuesday</td><td></td></tr> <tr><td>Wednesday</td><td></td></tr> <tr><td>Thursday</td><td></td></tr> <tr><td>Friday</td><td></td></tr> </table>	Monday		Tuesday		Wednesday		Thursday		Friday		Please indicate if this is a short term or permanent arrangement Short term (please give reasons) <input type="checkbox"/> Permanent <input type="checkbox"/>
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Will your child be <input type="checkbox"/> alone at home? <input type="checkbox"/> Meeting an adult at home? <input type="checkbox"/> Meeting an older sibling at home? If your child is at home alone or with an older sibling how long until an adult joins them? _____											
I have spoken to my child about: <input type="checkbox"/> A safe route to travel to and from school <input type="checkbox"/> How to keep themselves safe <input type="checkbox"/> What to do if they are not feeling safe	Although we do not advise it, please indicate that if your child is in Y6, you would like them to take any siblings home in Y3,4 or 5 <input type="checkbox"/> Name of sibling: _____ Year group of sibling: _____										
Signature of adult completing form: _____ Date: _____											

We may have to contact you if there are any concerns about the information contained in this form