

Hometime arrangement form (2018/19)

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. **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	Please indicate if this is a short term or permanent arrangement										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Monday</td><td style="width: 50px;"></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		Short term (please give reasons) <input type="checkbox"/>
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
	Permanent <input type="checkbox"/>										
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:	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"/>										
<input type="checkbox"/> A safe route to travel to and from school	Name of sibling: _____										
<input type="checkbox"/> How to keep themselves safe	Year group of sibling: _____										
<input type="checkbox"/> What to do if they are not feeling safe											
Signature of adult completing form: _____ Date: _____											

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