



Headteacher: Mrs N Peters

**YEAR 5 & 6
CONSENT TO WALK OR CYCLE TO SCHOOL**

Pupil's Name:	
Date of Birth:	
Home Address:	

Parent(s)/Carer(s) Name:	
Emergency Contact Telephone No:	Home: Mobile:

I give permission for my child to make their way to and from
(Parents' name)
school alone. I accept full responsibility for their health and safety outside of the school grounds.

Signed:

Date:



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