## *This form should be returned to the school office at least* ***three weeks before*** *the start date.*

##

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name:  |  | Class: |  |
| Home address (where they will be returning after school): |  |
| Intended start date for travelling home alone: |  |

## I/we confirm that the above named child may walk/cycle home from school alone on the following days (please tick any day which applies) and someone will be there to greet them:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
|  |  |  |  |  |

## **In the event of an emergency please contact:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Phone no** | **Relationship to child** |
| **Contact 1** |  |  |  |
| **Contact 2** |  |  |  |

## I/we confirm that I/we have read and understood the school’s travelling home alone policy.

* I/we confirm that I/we have discussed the ‘Guidance for Alma children travelling home alone’ with our child and I/we are confident that they both understand and will act in accordance with this guidance.
* I/we confirm that there will be someone at the destination to greet our child.
* I/we confirm that I/we have agreed a suitable route for my/our child to travel to/from school and have ensured my/our child is familiar with the route. The agreed route does **NOT** include walking through parks or down alleyways.

## I/we confirm that we will notify the school immediately of any changes to the emergency contact details.

## I/we understand the school may revoke this consent if staff consider that child safety is compromised.

## **Parent/carer name/s & signature/s:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** |
| **Parent/ carer 1** |  |  |  |
| **Parent/ carer 2** |  |  |  |

**Headteacher’s approval given: Yes/No**

Signature: Date:

Following approval from the headteacher, the child will be given a laminated ‘Travelling Alone Permission Card’.