



ST. KATHARINE'S C.E. (V.A.) PRIMARY SCHOOL
 Rolls Drive · Southbourne · Bournemouth BH6 4NA



PERMISSION TO TRAVEL HOME ALONE

Name of Child _____ Class _____

Please complete relevant sections:

- End of school day (3.15pm)** I give permission for my child to walk or cycle home without an adult to accompany them.
- After School Activity Club (Any)** I give permission for my child to walk or cycle home without an adult to accompany them.
- After School Activity Club (Specific, please list below)** I give permission for my child to walk or cycle home without an adult to accompany them.

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Signed: Person with parental responsibility

Name:

Date: