

Early School Closure

Permission for another adult to collect my child(ren) from school due to early school closure.

Child's Name(s) _____ Class _____

_____ Class _____

I give permission for: Name _____

Contact Numbers _____

Relationship to child _____
(eg family, friend etc)

to collect my child(ren) from school should there be an early school closure due to extreme weather or other unforeseen circumstances.

Signed _____ Date _____