

Dear Parents,

If your son has your permission to make his way to and from school every day, I would be grateful if you could complete and return the form below to the school office.

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Having completed the fo	orm, please inform the school office if the	e arrangement is change	ed at any time
Yours sincerely,			
Heillum			
Mr N Lunnon			
}		•••••	
	PERMISSION FOI	RM	
BOY'S NAME:		YEAR GROUP:	
My son has permission to make his own way to school each morning			
My son has permission to make his own way home from school each afternoon			
My son has permission to make his own way home after games from our home ground			
My son has permission to	make his own way home on the following	ng days:	
•••••		•••••	•••••
My son will	WALK HOME		
	TAKE PUBLIC TRANSPORT		
SIGNATURE:		DATE:	••••

Where this form is submitted electronically and without signature, electronic receipt of this form by the School will be deemed equivalent to submission of a signed version and will constitute confirmation of the declaration.