



Swanwick Primary School

Consent Form for Children to Walk Home Alone from School

Year 5 and Year 6 Pupils Only

I give permission for my child (insert name)

Year	
Class	

to walk home alone from school on the following days (please tick accordingly):

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Signed Parent/Carer _____

Print name Parent Carer _____

Date _____