



Tel: 01628 622477 Email: office@alwyn.org.uk Head of School: Miss K Grierson

Date:
Dear Miss Grierson
I give permission for my childto be picked up from Alwyn Infant School by the after school childcare provider or other authorised person/s as named below;
I will inform the school if this arrangement changes in any way.
Signed
Print name
I am the child's