

## Getting Home Safely

Dear Parents and Caregivers

Your child's safety is of utmost importance. Could you please fill out the following form and return it to your child's classroom teacher as soon as possible so that they have a current record of how your child gets home from school every afternoon (e.g. meet at classroom, After School Care, picked up by sibling or Grandparents etc). We are aware that routines can change and would appreciate a letter or verbal notification if this happens. Thank you for your assistance.

**Robyn Scott**  
Relieving Deputy Principal

**Megan Lockery**  
Principal

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Child's Name \_\_\_\_\_

Class \_\_\_\_\_

Day	Way Home/After School Care
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	