

K.C.C. Unaccompanied Release Form

17 Kairimu Street Stokes Valley: Appendix 10

Permission for KCC staff to sign children out of programme.

I, _____ give permission for my child/ren

Name(s)_____

To be signed out by KCC staff and leave the KCC programme when I txt to notify them to do so.

Signed _____

Relationship to child _____

Date _____

KCC staff Acceptance:

Name ______ Signature _____

Date _____

(See daily rolls and Unaccompanied Release Register for more information)



K.C.C. Unaccompanied Release Register

17 Kairimu Street Stokes Valley: Appendix 10

| Date txt received | Txt received from | | |
|-------------------|-------------------|-------------------------------|----|
| Name of child/ren | | _ Time child/ren to be releas | ed |
| | | | |
| Date txt received | Txt received from | | |
| Name of child/ren | | _ Time child/ren to be releas | ed |
| | | | |
| Date txt received | Txt received from | | |
| Name of child/ren | | _ Time child/ren to be releas | ed |
| | | | |
| Date txt received | Txt received from | | |
| Name of child/ren | | _ Time child/ren to be releas | ed |
| | | | |
| Date txt received | Txt received from | | |
| Name of child/ren | | _ Time child/ren to be releas | ed |
| | | | |
| Date txt received | Txt received from | | |
| Name of child/ren | | _ Time child/ren to be releas | ed |
| | | | |
| Date txt received | | | |
| Name of child/ren | | _ Time child/ren to be releas | ed |
| | | | |
| Date txt received | Txt received from | | |
| Name of child/ren | | _ Time child/ren to be releas | ed |
| | | | |
| Date txt received | Txt received from | | |
| Name of child/ren | | _ Time child/ren to be releas | ed |

Unaccompanied Release

Parents are to fill in the Unaccompanied Release form at the beginning of each term.

Staff are to fill in the Unaccompanied Release Register each time parents notify that their child is to walk home.

Staff are also required to fill in the roll on the parent's behalf.