



Glyncollen Primary School

Ysgol Gynradd Glyncollen

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Rhif Ffôn/Ffacs
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Prifathro: Mrs. A. Bolt, BA, PGCE, MA(Ed), NPQH SA6 6QF

Heol Dolfain
Parc Gwernfadog
Morriston
Swansea
SA6 6QF

Dear Parent/Guardian
Annwyl Rhiant/Gwarcheidwad

As a reminder of the hand over procedures at the end of the day/nursery sessions we would appreciate if you could complete the attached form and return to school as soon as possible.

- All pupils in Nursery, Reception, Year 1, 2, 3 and 4 must be met on the premises by a designated adult at the end of the nursery session / day.
- Pupils in Year 5 and 6 may leave school, with your consent without an adult. However, I can only allow this when the form attached is completed and returned to school. Otherwise they must be met by a designated adult.
- During school hours, if a child is to leave school, for instance, due to illness or medical appointment or otherwise, they must be met by a designated adult.
- If there is any change to the arrangement you have outlined on the form, we must be informed as soon as possible.

Please make a note of anyone you think may be collecting your child even if it may be on a rare occasion, as we cannot release a child to anyone NOT on the list.

Thank you for your co-operation, it is greatly appreciated.

Yours faithfully

Mrs Anna M Bolt
Headteacher

Article 19: You should not be harmed and should be looked after and kept safe.

Please complete for pupils in Nursery, Reception, Year 1, 2, 3 and 4 (Year 5 and 6 where appropriate)

Name of Pupil: _____

Year/Class: _____

Name of designated adult (1): _____

Relationship to child: _____

Name of designated adult (2): _____

Relationship to child: _____

Name of designated adult (3): _____

Relationship to child: _____

Name of designated adult (4): _____

Relationship to child: _____

Name of designated adult (2): _____

Relationship to child: _____

Signed: _____

Please complete for pupils in Year 5 and 6. Tick the relevant box.

- I wish my child to be met by a designated adult and have completed the form above accordingly.

- I wish my child to walk home alone and have signed to give consent below.

Signed: _____ Parent/Guardian

Date: _____



Welsh Network of Healthy School Schemes

Children & Young People Partnership Swansea

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