



SCHOOL DEPARTURE FORM 2018 - 2019

Child's name: _____

Grade: _____

In order to ensure your child's safety, we ask you to complete the form, indicating when and how your child will leave the school. Should your routine change, please inform the school immediately by email (post@gjovikis.no). If your pick up arrangements change during the day, please inform the school by phone. (24076141).

	Time	Routine (e.g. <i>X will return home on her own by bike/public bus or Y will be picked up by his father.</i>)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

NOTE: Should a student be picked up by someone else than his/her parents, the school needs to be informed of the person's details. Please complete the section below.

	Time	Name and relationship to child or parents
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

.....
Date

.....
Parent's name

.....
Parent's signature