

STUDENT EARLY COLLECTION FORM – Kalinda Primary School

School Name

Student Name:

Grade/Year Level:

Reason for Early Collection:

I am a parent / authorised adult to take this child early from the school

Name:

Signature:

Date:

Time:

Office Use:

Photo Identification Sighted:

YES / NO

Student Collection Confirmed with Parent:

YES / NO

This form should be retained in line with the General Retention and Disposal Authority for School Records – Section 3.4.2 Parents Approval for Student Attendance.

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