



St Edward's College
Malta

CHILD COLLECTION FORM

Yrs 1&2

Child's Name: _____

Teacher: _____

Date: _____

The following adults are authorised to collect our child and to give information to the Early Years team regarding the collection of our child.

Parents' Name, Surname and Contact Numbers:

Parent: _____

Tel: _____

ID: _____

Parent: _____

Tel: _____

ID: _____

Others:

1. Name: _____

Telephone Number: 1. _____ 2. _____

Relationship to family (if any): _____

I.D Card number: _____

2. Name: _____

Telephone Number: 1. _____ 2. _____

Relationship to family (if any): _____

I.D Card number: _____

3. Name: _____

Telephone Number: 1. _____ 2. _____

Relationship to family (if any): _____

I.D Card number: _____

Parent's Signature

Parent's Signature
