



Educating for Success

APPLICATION FOR HOME LUNCH PASS

SEPT 2009 – JULY 2010

Pupil's Name _____ Form _____

I confirm that the above pupil will be going out of school at lunchtime to the address below: (Please give address):

Where a Parent / Carer / Close Adult Relative* will be present and accept responsibility for the pupil for the **full** lunch break, **Monday to Friday**. Pupils will be expected to be back on the school premises **no earlier than five minutes** before Period 5 commences.

The above pupil will:

Walk to the above address

 Tick

Be collected and taken to the above address

 relevant box.

Name of the responsible adult _____

Signed _____ (Parent/Carer*)

Date _____

* delete as applicable

PLEASE RETURN TO MRS WARREN AT SCHOOL