

**STUDENT EARLY COLLECTION FORM****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

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