

Aylward Primary & Nursery School



Photo Contact Sheet

Child's Name: _____

Dear Parents/Carers,

As a security measure we are asking you to fill in the form below and include photographs of anyone who will be picking up your child. These contacts must be over the age of 16.

We will not let your child go home with anyone who is not on the list.

Thank you

Mother of Child

Name:

Home:

Mobile:

Glue
Photo
here

Father of Child

Name:

Home:

Mobile:

Glue
Photo
here

Other Contact

Name:

Relationship to Child:

Mobile:

Glue
Photo
here

Other Contact

Name:

Relationship to Child:

Mobile:

**Glue
Photo
here**

Other Contact

Name:

Relationship to Child:

Mobile:

**Glue
Photo
here**

Other Contact

Name:

Relationship to Child:

Mobile:

**Glue
Photo
here**

Other Contact

Name:

Relationship to Child:

Mobile:

**Glue
Photo
here**