



# Emmanuel Christian Community School

**Casserley Campus (Primary School)****Address** 50 Casserley Avenue

GIRRAWHEEN WA 6064

**Salcott Campus (Secondary School)****Address** 3 Salcott Road

GIRRAWHEEN WA 6064

**Phone** 9342 7377 **Email** [admin@eccs.wa.edu.au](mailto:admin@eccs.wa.edu.au)[www.eccs.wa.edu.au](http://www.eccs.wa.edu.au)

## FOR STUDENTS WALKING TO THE OVAL AT THE END OF THE SCHOOL DAY

### ***After school arrangements***

Parents must complete this form to notify teachers if children are to go to the oval or high school after school to be picked up.

### **Rules**

- 1) Kindy students **cannot** be picked up by a Primary student at all.
- 2) Pre-Primary students can only be picked up by Primary siblings if they are going to get picked up at the drop off point.
- 3) Grade 1 to 4 children can only be taken to the oval by a Senior Primary / High School Student with parent permission.
- 4) Grade 5 and 6 students can be picked up from the Grade 1/2 Gate.
- 5) Grade 5 and 6 students can go to oval / high school alone with parent permission.

### **Please note:**

**\*\* THERE IS NO STAFF SUPERVISION FOR STUDENTS AT THE OVAL AFTER SCHOOL \*\***

Parent Authorisation Form is at the back of this note. Please submit this form in person to the office or email a copy to [admin@eccs.wa.edu.au](mailto:admin@eccs.wa.edu.au).



## PARENT AUTHORISATION FORM (PAF)

Date : \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Child/Children's Name/s	Year Level

**AUTHORISE the following:**

Full Name	Mobile Number	Relationship to the Child

**Tick all applicable.**

☐

**Collect my children.**

Effective: (dd/mm/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Or From: (dd/mm/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐

**To be taken to the pickup area after school (NOT AN OPTION FOR KINDY)**

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**Permitted to walk to the Hainsworth oval / ECCS high school campus after school**

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**Other Special Arrangements**

Example: 'Will be walking to Salcott from Casserley', 'Will be a temporary guardian for my child/children'  
OR any other special arrangement

\_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date :** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**ADMINISTRATION OFFICER TO COMPLETE**

☐ Scanned and saved form on the shared drive

☐ Emailed to teacher (cc ECC K/PP)

☐ Updated in SchoolPRO

☐ Uploaded to SEQTA

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_