



## Consent to Pick Up – Extended Transition to School Program

I \_\_\_\_\_ give permission for \_\_\_\_\_  
to pick up \_\_\_\_\_ from Hillvue Public School’s Extended  
Transition to School Program, if unable to pick up myself.

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

(Parent / Carer)

Sign: \_\_\_\_\_

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

Mobile No: \_\_\_\_\_

Photo ID No : \_\_\_\_\_ (must be sighted)

### Other authorised person to collect :

Name: \_\_\_\_\_ Mobile No \_\_\_\_\_

Photo ID No \_\_\_\_\_ (must be sighted)

Name: \_\_\_\_\_ Mobile No \_\_\_\_\_

Photo ID No \_\_\_\_\_ (must be sighted)