**STUDENT COLLECTION FORM**

**School Name**

Student Name:                                                                Grade/Year Level:

Reason for Collection:

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I am a parent / authorised adult to take this child from the school

Name: Signature:

Date:                                                        Time:

**Office Use:**

Photo Identification Sighted: YES / NO

Student Collection Confirmed with Parent: YES / NO

This form should be retained in line with the General Retention and Disposal Authority for School Records – Section 3.4.2 Parents Approval for Student Attendance.

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