



RIVERVIEW PREPARATORY SCHOOL

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Champions Inspired by Values

Child Safety Form

Name of Child _____ (Print name and surname).

Grade _____

Please list three designated people who will be allowed to fetch your child from school:

1. Name _____ (name and surname)

ID Number _____

Contact Phone Number _____

Is this person a taxi driver? Yes/No

2. Name _____ (name and surname)

ID Number _____

Contact Phone Number _____

Is this person a taxi driver? Yes/No

3. Name _____ (name and surname)

ID Number _____

Contact Phone Number _____

Is this person a taxi driver? Yes/No

Parent/Guardian Name _____ (Print name)

Parent/Guardian Signature _____ Date _____