\*Required

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| --- |
| 1. Child’s Name: \*
 |

|  |
| --- |
| 1. Child’s Class: \*
 |

|  |
| --- |
| 1. Parents Name: \*
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1. Do you consider your occupation to be classed as a ‘key worker’ \*

Yes

No

1. Parent’s Occupation

*Please only answer this question if you answered YES to question 4 (above)*

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|  |

1. Parent’s Employer Name

*Please only answer this question if you answered YES to question 4 (above)*

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|  |

1. Will you require to send your child(ren) to school from Monday 23/03/2020?

*Please only answer this question if you answered YES to question 4 (above)*

Yes

No