**Keyworker School Provision**

Please complete the short form below to let us know if your child needs access to our Key Worker School Provision.

Pupil Name: ……………………………………………………… Class: ……….……….…

Parent Name: ………………………………………………………………………….………

Key worker role and brief explanation of this role:

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……………………………………………………………………………………..…………….

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Emergency Contact number 1: ……………………………………………………….………

Emergency Contact number 2: ………………………………………………………………

Email Contact address: ……………………………………………………………………...

Any Medical/Allergy Issues/Needs: ……………………………………………………….

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Any other important information we should know:

…………………………………………………………………………………………………

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Signed: ……………………………………………………… Date: …………..…..

If you are a key worker and you are not able to **keep your child at home**, then please indicate on the timetable below the days you would need your child to be in school.

(insert yes or no for each day)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **23.3.2020** | **24.3.2020** | **25.3.2020** | **26.3.2020** | **27.3.2020** |
|  |  |  |  |  |
| **30.3.2020** | **31.3.2020** | **1.4.2020** | **2.4.2020** | **3.4.2020** |
|  |  |  |  |  |