Request for a keyworker/vulnerable child place in the event of a full or partial school closure

If your child falls into two categories please complete both sections.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Child:** |  | **Class group:**  |  |
| Vulnerable child place request  |
|  | They have an ECHP | They have a social worker  | Not applicable  | Additional information if required  |
| My child is a vulnerable child because  |  |  |  |  |
| Key worker child place request |
| Parent 0ne | I work for the NHS | I work as a carer  | I work in essential retail or industry ( please specify)  | Additional information if required  |
| I am a keyworker  |  |  |  |  |
| Parent Two ( if applicable)  | I work for the NHS | I work as a carer  | I work in essential retail or industry ( please specify)  | Additional information if required  |
| I am a keyworker  |  |  |  |  |
| I am not a key worker  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days required | Mondays  | Tuesdays | Wednesdays | Thursdays | Fridays  |
| Please mark with an X  |  |  |  |  |  |