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 |  |  |  |  |  |