

Request for place to return to school Reception and Year 1

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| Name of your child(ren) |  |
| Name of parent (s) |  |
| Emergency Contact 1 |  |
| Emergency Contact 2 |  |
| Emergency Contact 3 |  |
| Email address |  |

We require this form to be completed before your child is granted a place at school during these times. At all times we are ensuring the safety of our whole school community (children, staff and families)