

Request for place to return to school

|  |  |
| --- | --- |
| 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)