

Application for a KWVG School Space from 5.1.21

Childs Name _____ **Class** _____

Parent/Carers name and contact numbers

1 _____ 2 _____

If a Key Worker- Occupation of key worker(s)

1. _____ 2. _____

Does your child have an EHCP? **Yes/No**

Name of Social worker if you have one _____

Please indicate which days your child will be required to attend school:

In the interest of safety for the children and to ensure all children are safe in school until we receive further guidance from the government we are asking Parents and Carers the following question before their child return to school;

Has anyone in the family home had Covid 19? Yes No

If your child has shared care in another home has anyone in that home had Covid 19?

When did their symptoms begin _____

How has their care been managed? At Home? In hospital?

When were they considered to be symptom free? _____

Have you allowed for the required period of self-isolation for your family following the period of illness Yes No Unsure

Signed _____

Date _____