**Parent Survey for Educational Provision**

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| Parent Name |  | | |
| Address |  | | |
| Phone Number |  | | |
| Do you work in a critical or key worker role?  Which one? | | |  |
| Does your child:   * Have a social worker? * Have an EHCP?   Or, are they:   * A young carer? * Vulnerable in another way? | | | Please give details |
| How often you would need this childcare?  If so, please give days. | | |  |
| Please give us the names, dates of birth and school name of ALL of your children. | |  | |
| I confirm that there is no other adult in the household that can provide care for the child/ren. I understand that sending them to school at this time, exposes my child/ren/family to increased risk of contracting coronavirus. | | Please sign | |