**Parent Survey for Educational Provision**

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| --- | --- |
| Parent Name |  |
| Address |  |
| Phone Number |  |
| Do you work in a critical or key worker role?Please give details of your role and your employer name and address |  |
| Does your child:* Have a social worker?
* Have an EHCP?

Or, are they:* A young carer?
* Vulnerable in another way?
 | Please give details |
| Which days would you need this childcare? |  |
| Please give us the names, dates of birth and class name of ALL of your children at our school. |  |
| 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 |