

Pupil Name/s:

Year group/s:

Parent Work Details

	Name	Critical Worker Category	Place of Work	Job Title	Work email
Parent 1					
Parent 2					

Do you need us to supervise your child/children? Yes/ No (Please circle)

Which days of the week will you require this for?

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Will your child require a meal each day? Yes/No

Do you anticipate needing this provision over the Easter holidays? Yes/ NO