|  |
| --- |
|  |
| *Request for child to continue to attend school**At* ***Kingsnorth CEP (Aquila MAT)***ALL children are expected to wear their usual school uniform. |
| Name of child/ren: | Year group/s: |
| Main school | **Brenzett / Charing / John Wesley / Kingsnorth** |
| Name of parent/carer: | Contact details:Phone 1:Phone 2:Email: |
| Reason for request (delete as appropriate): My child has an EHCP/Social Worker **or** I am a key worker |
| Name of social worker (if applicable): |
| If you are a key worker - Are you a single parent at home on your own? **Yes / No** |
| If you are a key worker - Are both parents/carers key workers? **Yes / No** |
| If because you are a key worker:**Occupation**:**Role**: **Employer**: | Parent/carer #2**Occupation**:**Role**: **Employer**:**Please complete both of these above** |
| **Lunches** – will you want a school meal? **Yes / No** |
| My child is eligible for Free School Meals: **Yes / No** |
| Allergies/Medication/Health concerns: |
| Name of parent: | Signature: |

If requesting a place for a child as a ‘**Key Worker’** - please provide a letter or email from your employer and please have your work ID available on the first day.