**Attendance during school closure**

**For key workers/parents/carers of children with an EHCP, Looked After Children and those that have social worker intervention.**

Parent/carer name: …………………………………………………………

Child’s name: …………………………………………………. Form: ………………….

I would like my child/children to continue to attend during the period of school closure.

I confirm that I am a key worker employed by …………..…………………. as a ……………………….

My child has an EHCP/ is a Looked After Child/ has social worker intervention …………………....…

I would like my child to attend school on the following days ……………………………………………

Commencing ……………………………………….

**Please return via email to:** **schoolclosure@cdarwin.,com**