



# Questionnaire for parents/carers



Please **only** complete these questions if your child has an EHCP, assigned social worker, other vulnerability or if your job comes under one of the critical worker sectors:

Name of parent/carer:

.....

Name of child/children and year group/s:

.....

.....

1. Please delete as appropriate:

- My child has an Education Health Care Plan (EHCP)
- My child/children has an assigned social worker
- My child/children meet other criteria of vulnerability- please contact me to discuss
- I am a critical worker

If you ticked **critical worker**, please identify the appropriate sector from the government list provided with our email that your job comes under:

.....

3. Please help us by giving as much detail as you can at this time by indicating the following:

- We would need care Monday – Friday, every day.
- We would need care on these days of the week:

.....

Whilst we appreciate some working patterns will change, the information you give at this time will help us to consider the number of adults needed in school and the catering requirements for both children and staff.

**Please return this form to [jwilson52.209@lgfmail.org](mailto:jwilson52.209@lgfmail.org) by Monday 4<sup>th</sup> January at 12 noon.**  
**We will then respond to confirm if you have a place at the provision at Holy Cross.**