KEY WORKER INFORMATION SHEET CHILDCARE PROVISION

Please provide the information below and return to school

PUPIL DETAILS						
Name of Pupil						
Year Group						
Class						
			and the state			
KEY WORKER DETA	ILS					
Name						-
Home Address				A.W		
9						
Contact Telephone						
Key Worker Group	Job Title			Please identify your role		
	To be confirmed by DfE					
		**				
CHILDCARE REQUIRE	MENTS					
Days of the week	Monday	Tuesday	Wedne	sday	Thursday	Friday
Time of the day						
have made my own						
arrangements						
Date						
Signature	·					
Print Name						
Relationship to child						