**ABBEYS PRIMARY SCHOOL**

Abbeys School Closures- Alternative provision for pupils of Frontline workers

Name/s of child/ren: …………………………………………………………….

Pupil[s]Classes……………………………………………………………………

Your profession/ reason for requesting alternative provision

…………………………………………………………………………………………..

Contact number…………………………………………………………………………..

Melrose Avenue, Bletchley, Milton Keynes, MK3 6PS

Tel: (01908) 375230

Fax: (01908) 645369

office@abbeysprimary.org

www.abbeysprimary.org

Mrs Sophie Good, Headteacher

**Please date and tick the sessions you are requesting and submit this form to the school office, and await confirmation of your requests. Care must only be requested for days or part-days worked. Children will not be accepted into school unless agreed in advance and this form has been signed by the Headteacher/Deputy Headteacher.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date: 🡺** | **Monday**  **……** | **Tuesday**  **……** | **Wednesday**  **……** | **Thursday**  **……** | **Friday**  **……** | **Monday**  **……** | **Tuesday**  **……** | **Wednesday**  **……** | **Thursday**  **……** | **Friday**  **……** |
| **Morning**  **8.50am- 12.30** |  |  |  |  |  |  |  |  |  |  |
| **Lunch time**  **12.30-1.30pm** |  |  |  |  |  |  |  |  |  |  |
| **Afternoon session**  **1.30pm- 3.15pm** |  |  |  |  |  |  |  |  |  |  |

**Please state who will be collecting your child each day ………………………………………………………………………………………**

**Signed Parent/ Carer…………………………………………………………Date……………………………………………………………**

**Signed Headteacher/ Deputy Headteacher…………………………………Date…………………………………………………………….**