**Key Worker Request for School Place Willowbrook School**

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| Name of child |  |
| Year Group |  |
| Parent Name 1 and contact details |  |
| Parent 1 Name and place of work :  contact telephone number:  working hours:, days and hours |  |
|  |  |
| Parent Name 2 and Contact details |  |
| Parent 2 1 Name and place of work :  contact telephone number:  working hours: days and hours |  |
| Reason for Requesting a school place during partial closure |  |
|  | I am requesting this place because there is no one at home who can care for my child. I will only request times and days when I am working  Signed: |

*When we receive this form, we will confirm with you to go ahead and use the booking form on the school website. We will check with employers to confirm key worker status and working hours.*

*We will only accept forms that are completed.*