**Please fill in the form to formally request a place for your child.** **This will enable us to plan teaching groups and spaces within school.**

**Name of child/ren: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class/es:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **I do require a place for my child/children**

* I require places (Number of places required)
* **I do not require a place for my child**

**Please tick one of the boxes below**

|  |  |  |  |
| --- | --- | --- | --- |
| I am the parent of a child in Reception  |  | I am the parent of a child in Reception **and** a key worker  |  |
| I am the parent of a child in Year 1 |  | I am the parent of a child in Year 1 **and** a key worker |  |
| I am the parent of a child in Year 6  |  | I am the parent of a child in Year 6 **and** a key worker |  |
| **I am a key worker parent of a pupil in** (and require key worker places) Year 2 Year 3 Year 4 Year 5  |

School Packed Lunch: Yes/No

Medical information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 1– Name and number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact 2 – Name and Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evidence of Key Worker status will be required**

PLEASE RETURN YOUR REQUEST TO bursar@rivington,lancs.sch.uk ***ASAP*** *AND NO LATER THAN* ***3:00pm on Tuesday 26th May***. Any requests received after this date will not be taken into consideration.