



CRITICAL WORKER / VULNERABLE CHILD APPLICATION FORM

Please complete the following information if you would be requesting a place at school for your child.

Places are for school hours and would need to be used every day (Monday – Friday).

Qualifying Criteria

Do you meet the Government's critical worker criteria:	
Do you meet the Government's vulnerable child criteria:	

Personal Details

Child's Name:	
Child's Date of Birth:	
Parent/ Carer Name:	
Parent/Carer Occupation:	
Parent/Carer employer and contact details:	
Home Address:	
Email address:	

Emergency Contact 1:	Name: Relationship to Child: Contact Number:
Emergency Contact 2:	Name: Relationship to Child: Contact Number:
Special Dietary Requirements (free school meal pupils only):	
Child's Medical Needs (if applicable):	
Name of Social Worker (if applicable):	
Contact Number of Social Worker (if applicable):	