**ABBEYS PRIMARY SCHOOL**

Abbeys School Closures- Alternative provision for pupils of Frontline workers

Family Name…………………………….

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 tick the sessions you would like your child to attend and submit this form to the school office. Please await confirmation of your requests. Children will not be allowed into school unless this has been agreed in advance and this form has been signed by the Headteacher/ Deputy Headteacher.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday**  **…… April** | **Tuesday**  **…… April** | **Wednesday**  **…… April** | **Thursday**  **…… April** | **Friday**  **…… April** | **Monday**  **…… April** | **Tuesday**  **…… April** | **Wednesday**  **…… April** | **Thursday**  **…… April** | **Friday**  **…… April** |
| **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…………………………………………………………….**