……………………………………………………………………………………………………………

**IN THE EVENT OF A YEAR GROUP BUBBLE OR IDENTIFIED GROUP OF STUDENTS BEING SENT HOME DURING THE SCHOOL DAY**

NAME OF CHILD ……………………………………..

FORM ……………

I wish my child to remain in school and he/she will be collected as soon as possible.

Signed (Parent/Guardian) ………………………………………. Date …………………………

**Please return this form to your child’s form tutor.**