



Registration form for pupils accessing FJS during school closure

Name of Pupil:	
Please circle the category that best indicates your key worker role:	Please provide further details of employment: Company name Address Line Manager Telephone/email
Health and social care Education and childcare Key public services Local and national government Food and other necessary goods Public safety and national security Transport Utilities, communication and financial services	
Please indicate the days/hours you need access to school:	Week 1 M T W Th F Week 2 M T W Th F
Please indicate if your child will need a school dinner or packed lunch	School Meal Packed Lunch
Please indicate if you will need to access school during the Easter holidays	Yes No
Any other relevant information:	
Name and Signature	