|  |  |
| --- | --- |
| Name of child | Year Group: N,R,YR 1 OR YR6 |
| My child **will be** returning to school when the school reopens for my child’s Year Group |
| My child **will not be** returning to school when the school reopens for my child’s Year Group |

**ONLY COMPLETE THIS FORM FOR CHILDEN IN NURSERY, RECEPTION, YEAR 1 OR YEAR 6**

**Please submit this form to** **jadesina@topsham.devon.sch.uk** **by 12 noon on Monday 18th May**