**Induction Meeting Attendance Form**

| Child’s Surname |  | Child’s Forename |  |
| --- | --- | --- | --- |
| Date of birth: |  | Class  |  |
| Phone number: |  | Email: |  |
| Please read below and sign if you agree to these conditions |  |
| I would like for my child to attend an Induction Meeting in their allocated time slot.**I also agree to follow the below measures****These measures/precautions must be taken:*** Do not attend if you or your child are experiencing any COVID symptoms
* Only one adult to accompany children. Regrettably we cannot welcome siblings at this time.
* Fresh clothes to be worn– we recommend putting clothes straight in the washing machine once returning home from school to minimise and control the spread of infection.
* Arrive promptly at the arrival and departure times on your invitation
* Use the gate indicated at the bottom of your invitation
* Do not let children touch the climbing apparatus on the field or playgrounds
* Observe social distancing when picnicking, entering and leaving the school.
* Supervise children to ensure that they also maintain at least one metre distance from others during your visit.
* Thorough hand washing to take place at home just before leaving the home.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please complete and return by email to admin@montgomery-inf.essex.sch.uk

School Office Staff will process these forms