**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](mailto:admin@montgomery-inf.essex.sch.uk)

School Office Staff will process these forms