

Goostrey Community Primary School

Request for a child to stay in at break / lunch times.

Child's Name:	Date:
Class:	
Reason for the request to stay in at break t	imes:
How many days the request is for:	
Has the child's doctor recommended this? this was recommended.	If so please state who the doctor is and when
Please sign to state that you have read the procedure for your child at break and lunch	
reasons, the following should apply. The him/her home for lunchtime. If that is not central place (not in a classroom). On the the library area. The children will know checking on the child/ren. Parents will need this time and the teacher and parent will n	stay in the building at break/lunch times, for medical e parent has the choice to pick the child up and take a practicable then the child will be allowed to stay in a junior site they will sit on the sofa and in the infants in where the adults are and adults passing by will keep ed to be aware that there will not be 1 -1 supervision at eed to be confident that the child is mature enough for en the pupil will need to go home for the lunchtime.
Signed	
Date	