Name of Child…………………….

Name of Parent/Carer …………………………

**Family Questionnaire**

**The government states the 'clinically extremely vulnerable group' may include the following:**

1. have had a solid organ transplant – kidney, liver, pancreas, heart, or lung
2. are having treatments for some cancers
3. have severe long-term lung disease including cystic fibrosis and severe asthma
4. have rare diseases and inborn errors of metabolism that increase their risk of infection
5. are on medication that compromises their immune system and so are much more likely to get infections and become seriously unwell from them

Does your child have any of these or a health condition which means they should be shielding? **\***

**Yes**

**No**

Does a member of your family have any of the 'clinically extremely vulnerable conditions' or a health condition which means they should be shielding? **\***

**Yes**

**No**

Does your child have a health condition which would mean they are more vulnerable if they contracted Covid-19? **\***

**Yes**

**No**

Do you want your child to access on-site provision from 1st June? **\***

**Yes**

**No**

Do you intend to send your child back to Quest before September?

**Yes**

**No**

**Unsure**

Does your child normally travel to school by taxi?

**Yes**

**No**

How many other learners travel in the taxi your child is in? Please tick

None

One

Two

Three

Four + Not sure

Would you want to bring your child to school yourself?

**Yes**

**No**

Is there any further support Quest can offer your child at home?

Comment

 Do you have any concerns or questions you would like us to answer?

Comment

Thank you for completing this survey

Please return via e-mail to [quest.office@macintyreacademies.org](mailto:quest.office@macintyreacademies.org)