

Essential Services Worker Survey

Parent/Guardian #1 Information - Essential Service Worker

Please complete Questions 1-6 for the Essential Service Worker (Parent/Guardian #1)

1		Parent	:/Guar	dian	#1
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Maybe

Please enter first and last name of Parent/Guardian #1

2. Essential Service Worker Occupation - Please indicate one or more of the following occupations. If choosing "Other", please complete details in
Question 3. Please select answer that best describes your role (see link to the following website) Health and Health Services Law Enforcement, public safety, first responders and emergency response personnel Vulnerable population service providers Critical infrastructure Food and agriculture service providers Transportation Industry and manufacturing Sanitation Communications and information technology Financial institutions Other non-health essential service providers Other 3. If "Other", for Question 3, please briefly describe. Please provide a brief summary of the nature of your work and how it qualifies as an essential worker.
4. Parent/Guardian #1 - Essential Service Worker Employer Please enter the name and location of your workplace
5. Contact Information - Parent/Guardian #1 Please include current cell phone and email address
6. Is Parent/Guardian #1 able to work from home? Yes No

Parent/Guardian #2 Information - Essential Service Worker (if applicable)

If Parent/Guardian #2 is also an Essential Service Worker, please complete Questions 7-12. Otherwise leave blank or mark as N/A.

7. Parent/Guardian #2

No Maybe

Please enter first and last name of Parent/Guardian #2

8. Essential Service Worker Occupation - Please indicate one or more of the following occupations. If choosing "Other", please complete details in Question 9. Please select answer that best describes your role (see link to the following website) Health and Health Services Law Enforcement, public safety, first responders and emergency response personnel Vulnerable population service providers Critical infrastructure Food and agriculture service providers
Transportation Industry and manufacturing Sanitation Communications and information technology Financial institutions Other non-health essential service providers Other 9. If "Other", for Question 8, please briefly describe. Please provide a brief summary of the nature of your work and how it qualifies as an essential worker.
10. Parent/Guardian #2 - Essential Service Worker Employer Please enter the name and location of your workplace
11. Contact Information - Parent/Guardian #2 Please include current cell phone and email address
12. Is Parent/Guardian #2 able to work from home?

13. Plea	se list the name(s) of your children. Please include First and Last Name.
Please prov	se select school(s) your child(ren) attend: ride this information as it will assist in planning logistics of on-site educational supervision. rervision applies to children in Grades K-6. Amy Woodland Elementary Frank J Mitchell Elementary Gordon Terrace Elementary Highlands Elementary Isabella Dicken Elementary Jaffray Elementary Secondary Kootenay Orchards Elementary Pinewood Elementary Rocky Mountain Elementary Steeples Elementary TM Roberts Elementary Other
It is import on-site sup	there other family members that could provide supervision? ant that essential service workers exhaust all possibilities for supervision before accessing the ervision of children as directed by the Ministry of Education. This will help School District 5 is to safely apply health and safety protocols as defined by the Provincial Medical Health
	Yes No Maybe

Please provide this completed form to your school principal by email for review.