

PRIMARY SCHOOL FREE BREAKFAST

Please complete and return to the school by

Child's name:			Class:	
Attendance				
Please indicate which days your child will be attending free breakfast sessions.				
Mon	Tue	Wed	Thurs	Fri
Special dietary requirements				
Does your child have any food allergies/intolerances/religious requirements/observances? (Please tick)			Yes	No
If yes, please provide details				
Other information				
Please provide details of any other information you feel relevant to your child's attendance at the free breakfast sessions.				
Contact details in case of an emergency				
Name:			Phone number:	
Relationship to child:				
Name:			Phone number	
Relationship to child:				
I confirm that I would like my child to attend free breakfast sessions when they start school/return to school.				
Signature of Parent/Carer:			Date:	