

PRIMARY SCHOOL FREE BREAKFAST

Please complete and return to the school

Child Name		Class	
Attendance			
Please indicate which days your child will be attending			
Mon	Tue	Wed	Thur Fri
Special dietary requirements			
Does your child have any food allergies/intolerance?		Yes	No
If yes, please provide details			
Other information			
Please provide details of any other information your feel relevant to your child's attendance at breakfast club.			
School Transport <i>only applicable if your child currently uses school transport.</i>			
Please indicate whether, if feasible to arrange, you would like your child to continue to use school transport to get t breakfast session		Yes	No
Contact details in case of emergency			
Name		Tel. No.	
Relationship to child			
Name		Tel. No.	
Relationship to child			
I confirm that I would like my child to attendance breakfast session.			
Signature of Parent/Guardian		Date	