



PRIMARY SCHOOL FREE BREAKFAST

Please complete and return to the School Office

Child's Name:-		Class:-		
Please indicate which Days your child will be attending the Breakfast session:-				
Monday	Tuesday	Wednesday	Thursday	Friday
Special Dietary Requirements				
Does your child have any food allergies/intolerance? (Please tick)				
Yes		No		
If Yes, please provide details:-				
Please provide details of any other information you feel relevant to your child's attendance at the Breakfast session:-				
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 the Breakfast session/s listed above (please sign below)				
Signature of Parent/Guardian			Date	