PRIMARY SCHOOL FREE BREAKFAST

Please com	plete and retur	n to the school I	oy		***********
Child's name:				Class:	
Attendance	•			.1.1	
Please indic	cate which day	s your child will I	be attending f	ree breakf	ast
Mon	Tue	Wed	Thurs	F	ri
Special die	tary requirem	ents			
allergies/into	child have any olerances/relig ss/observances se provide deta	ious s? (Please tick)		Yes	No
	ide details of a	ny other informa akfast sessions.	ation you feel	relevant to	your child's
Contact de	tails in case o	f an emergency	y	Phone nu	umber:
Relationship	to child:				
Name:	Name:			Phone number	
	at I would like	my child to at		eakfast se:	ssions
	start school/re Parent/Carer:	eturn to school	-	Date:	
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