



School Dinner Request Form

(Full Week)

KS2

Name of Child(ren) & Class(es)

.....

.....

.....

I should like my child(ren) to commence school dinners on.....
(Dinners must commence on a Monday and providing this form is returned by the previous Thursday can commence on the following Monday)

Please indicate below, whichever option is applicable:

I enclose cheque /cash for £.....
(The price of a meal is £2.35 per day with effect from 01/09/17). Meals should be paid for a minimum of one week in advance. Payments should be made on a Monday. Cheques are preferable and should be made payable to East Borough Primary School, although cash is perfectly acceptable should you prefer this method of payment)

My child is entitled to free school meals (tick only if applicable)
(Free meals can only be provided upon confirmation of entitlement, received from the local authority. Where confirmation is pending, payment in advance will be required for all meals consumed and any refund applicable repaid once the school receives notification).

In order to maintain a record of your child's(rens) dietary needs, and to enable the kitchen to contact you promptly, if required, please provide the following where applicable/available.

Child's(rens) Name(s)
.....
.....
.....

Allergies etc:
(please provide detailed information below)

Vegetarian:
(tick if yes)

e-mail address

I agree to give 1 week written notice should my child(ren) wish to revert to packed lunch.

Signed:

Name:

Date