



Dear Parent/Carer,

Please indicate below your child's food requirements for lunch. Please complete the below details and return to your child's class teacher by **Monday 15<sup>th</sup> October**.

Child Name \_\_\_\_\_

Child Class \_\_\_\_\_

Please tick all relevant boxes:

Can eat any food      YES       NO   
(if YES, please just sign below)      (if NO, please tick relevant boxes below)

Halal meat only      YES       NO

Halal meat not allowed      YES       NO

Vegetarian      YES       NO

Fish      YES       NO

Beef      YES       NO

Parent / Carer Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_