

**PRIMARY SCHOOL FREE BREAKFAST**  
**Please complete and return to the school**

<b>Child's name:</b>			<b>Class:</b>	
<b>Attendance</b>				
Please indicate which days your child will be attending the breakfast session				
Mon	Tue	Wed	Thurs	Fri
<b>Special Dietary requirements</b>				
Does your child have any food allergies/intolerance?			Yes	No
If yes, please provide details				
<b>Other information</b>				
Please provide details of any other information you feel relevant to your child's attendance at the breakfast session				
<b>Contact details in case of an emergency</b>				
Name:			Phone number:	
Relationship to child:				
Name:			Phone number	
Relationship to child:				
<b>I confirm that I would like my child to attend the breakfast sessions when they start.</b>				
Signature of Parent/Guardian:			Date:	