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| **Child(ren)’s Name(s):** |
| **Date(s) of Birth: Age(s): Year Group(s):** |
| **Current School:** |
| **Please tick if your child(ren):****>Receives a free school meal****>Has language/communication issues (please state)****>Has a dietary required or a special diet (please state)****>Has additional learning needs (please state)****>Has a disability (please state)** |
| **Emergency Contact 1:****Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child(ren)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Emergency Contact 2:****Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child(ren)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contact Number(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Days Requested (Please indicate times required or ‘full day’ and any £1.50 meal deal order- this will****Be provided for free if your child currently receives a free school meal)** |
| **Monday 25th May****Bank Holiday****Times:****Meal Deal:** | **Tuesday 26th May****Times:****Meal Deal:** | **Wednesday 27th May****Times:****Meal Deal:** | **Thursday 28th May****Times:****Meal Deal:** | **Friday 29th May****Times:****Meal Deal:** |

**THIS FORM MUST BE RETURNED TO RESPECTIVE SCHOOLS BY TUESDAY 19th MAY (12NOON)**