|  |
| --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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)**