



This form is for parents to complete if your child has a special dietary requirement. The information provided will be used to inform the School and School Caterers when providing meals for your child. **Please return this form to the school office to start the Special Diet Registration process.**

SECTION 1. DETAILS OF THE PUPIL			
Pupil Surname:			
Pupil Forename:			
School name:			
Address (including postcode):			
Gender:		Date of Birth:	
Class/Form:			
Details of pupils Special Medical Dietary Requirement:			
SECTION 2. CONTACT DETAILS			
Name of contact:			
Daytime telephone number:		Mobile telephone number:	
Relationship to pupil:			
Address (including postcode):			