



## Change of Meal Pattern Request

Please complete this form and return to school.....

I want my child to have Packed Lunches:

I want my child to have school meals:

Please tick which day/s you would like your child to have a school meal.

Mon  Tue  Wed  Thur  Fri

My child prefers: Meat  Halal  Vegetarian

Allergies or any other preferences:

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Starting from \_\_\_\_\_ (Date)

I think my child could be eligible for Free School Meals because I receive certain benefits.

Please let me know how to apply for free school meals.

I understand that if my child wants to change their meal pattern I have to give 1 weeks' notice by filling out one of these forms again.

Name of child: \_\_\_\_\_

Year: \_\_\_\_\_

Name of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_