

**Roberttown CE (C) J&I School  
Change of School Meals Arrangements**

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

Class \_\_\_\_\_

My child \_\_\_\_\_ would like to change from:

school lunches/sandwiches\* to school lunches/sandwiches\* or Weds/Fri lunch from week commencing

\_\_\_\_\_ \* please delete as appropriate

**I understand that I need to give 2 school weeks notice for this change.**

Please indicate any allergies, food intolerances, dietary requirements for your child. Complex or serious needs must be verified by the GP and/or Consultant in writing.

I understand that if my child has an allergy that has implication with having school meals I will meet the relevant people. **If your child does not have a food allergy please write 'None' below. If this section is not completed we will not be able to process your request.**

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ (parent/carer)

Date \_\_\_\_\_

School use only:

Allergy, dietary requirements checked with school medical record:

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Complex or serious dietary needs should be verified by the GP and/or Consultant in writing. For children changing to school lunches meetings will be set up with the School Meals Service.

School Business Manager signature \_\_\_\_\_

Date \_\_\_\_\_

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Confirmation for Parent/Carer

Your child \_\_\_\_\_

In \_\_\_\_\_ class will start school lunches/

sandwiches (delete as appropriate) from \_\_\_\_\_ (date)

School Business Manager signature \_\_\_\_\_

Date \_\_\_\_\_