

Parental Acknowledgement Form
Llantrisant Primary School

School Dinner Provision

Dear Head Teacher,

I _____ (please print name) parent / guardian of the following child understand and agree that if my child receives a school dinner on school premises that I am required to make payment for the meal provided.

If no payment for meals is received I agree that I need to arrange alternative provision for my child at lunchtime.

Name of child	
Parent / Guardian Full Name	
Address	
Telephone Numbers	

Parent / Guardian signature	
Date	

For school office only:

Date received	Received by (Print Name)	Signed