

## LLANTRISANT PRIMARY SCHOOL

Llantrisant Primary School, Coed Yr Esgob, Llantrisant, CF72 8EL

Tel: 01443 237829 E-mail: admin@llantrisantprimary.co.uk

**Head Teacher:** Mrs Lisa Davies

## Parental Acknowledgement Form School Dinner Provision

Dear He	ead Teacher,		
	ee that if my child recont for the meal provided	eives a school dinner on school pr	ian of the following child understand remises that I am required to make
	yment for meals is rece		alternative provision for my child a
	Name of child		
	Parent/Guardian Full Name		
	Address		
	Telephone Numbers		
	Parent/Guardian		
	signature  Date		
For schoo	ol office only:		
	Date received	Received by (Print Name)	Signed







