



Dietary Requirement Request Form

If your child has any special requirements, please complete the form below and return it to the Admissions Team as soon as possible.

Student Details	
Name of Child	
Year Group	
Parent/Guardian Contact Information	
Name	
Address	
Contact Telephone Number	
Dietary Information	
Special dietary requirements as a result of: Medical Diagnosis Religious Beliefs Personal Preference	
Details of Dietary Requirements:	
Allergy Information (where applicable)	
Details of known Allergy:	
Diagnosed by:	
Please attach a letter from the practitioner detailing the condition and any diet/information	