**School Lunch Application**

* This form needs to be completed in full for your child to commence school lunches.
* Children requiring a special diet will also need to complete a separate information form
* Completion of the form gives permission for any information to be shared with CGPS

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| --- | --- |
| Child’s First Name: |  |
| Child’s Last Name: |  |
| Gender: |  |
| DOB: |  |
| Home Address: |  |
| Dietary Requirements: |  |
| Medical Needs: |  |
| Food Allergies: |  |

|  |  |
| --- | --- |
| Parent/Guardian’s Title: |  |
| Parent/Guardian’s First Name: |  |
| Parent/Guardian’s Last Name: |  |
| Gender: |  |
| Relationship to Child: |  |
| Mobile Number: |  |
| Email Address: |  |
| Home Address: |  |

**Parental Consent & Agreement**

* I understand that Culverstone Green Primary School will hold my child’s information in their files.
* I understand that details from this form will be uploaded on to the MIS system used at Culverstone Primary School, Arbor.
* I take responsibility as a parent to complete the diet information sheet and notify TCS of any changes to the dietary needs of my child.
* I understand that payments for lunch must be made through the Arbor App only and that TCS function on a cashless system. Payments must be made before lunch is taken, if not, TCS will trigger the debt management process.

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| --- | --- |
| Signature: |  |
| Print Name: |  |
| Date: |  |