
Meal-Plan Request and Acknowledgement Form

Student's Name (1): _____ Year Group : _____

Student's Name (2): _____ Year Group : _____

Start Date on Meal Plan: _____

Do you have any required dietary restrictions you would like the cafeteria to be aware of:

- Vegetarian
- Lactose Free
- Gluten Free
- None
- Others _____

Parent's/ Guardian's Name

Parent's/ Guardian's Signature

Cancellation of Meal-plan service

Student who are signed up for the meal-plan services and wishes not to continue, will have to give one (1) term notice in writing to school. No refund will be given for early withdrawal with insufficient notice from the meal-plan services.

I wish to withdraw my child from the meal-plan with effective from _____ (Date).

Student's Name (1): _____ Year Group : _____

Student's Name (2): _____ Year Group : _____

Please complete the form and deliver to the Reception Counter.