

Believing and Achieving Together

October 2020 Dear Parent

Autumn 2 Term 2020

If you would like your child to have milk, please complete and return the form below. This will be free of charge. Please return the form below by 14th October 2020.

| Yours since Mr O Flitcro Head Teac | oft | |
|--|---|---|
| × | | |
| | der milk for my child ete as appropriate | Class Nursery |
| a. | (He/She is under 5 years of a | age this term, and will require milk) |
| b. | (I do not wish my child to have milk in school) | |
| Signed | Parent/C | Guardian |
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Signed _____Parent/Guardian