



BEACONSFIELD PRIMARY SCHOOL

Beaconsfield Road, Southall UB1 1DR

Email: admin@beaconsfield.ealing.sch.uk

Website: www.beaconsfieldprimary.org.uk

Tel: 020 8574 3506 Head Teacher: Mr D. Woods



Registration for School Meal Preference

(PLEASE COMPLETE OTHER SIDE OF THIS FORM)

Child's Name: _____

Child's Date of Birth: _____

Child's Country of Birth: _____

Child's Address: _____

Child's Class: _____

Mother's Name: _____

Mother's Date of Birth: _____

Mother's National Insurance Number: _____

Father's Name: _____

Father's Date of Birth: _____

Father's National Insurance Number: _____

(PLEASE COMPLETE OTHER SIDE OF THIS FORM)

Type of Meal: School Dinner Packed Lunch

Meal Preference: Vegetarian Halal Non Halal

***Halal option is available on Monday, Tuesday, Wednesday & Thursday. A vegetarian option is available daily.**

Meal Pattern: Monday Tuesday Wednesday Thursday Friday
(Please tick)

Additional Information:

BENEFIT/INCOME DETAILS: WHICH OF THESE BENEFITS DO YOU RECEIVE?

Child Tax Credit

Employment and Support Allowance

Income Support

Job Seeker's Allowance

Pension Credit

Universal Credit

UK Border Agency

BENEFIT CLAIMANT DETAILS (IF DIFFERENT FROM PARENT/GUARDIAN)

Title: Mr/Mrs/Miss/Ms _____

Surname _____ First Name _____

Address _____

Post Code _____ Telephone Number _____