Ysgol Sant Elfod Ffordd y Morfa Abergele

4th November 2013

Dear Parent/Guardian

PRIMARY SCHOOL FREE BREAKFAST

The Welsh Assembly Government made a commitment to provide for all children of primary school age registered in maintained primary schools in Wales to have a free, healthy breakfast at school each day.

This scheme is intended to improve the health and concentration of children to assist in the raising of standards of learning and attainment, and will seek to involve parents / guardians. It is not intended to replace breakfast already provided by parents/ guardians, but to allow all those children, who for whatever reason, have not had breakfast at home, to have one in school.

We are considering introducing this initiative in our school and to assist with this decision we need to have an idea of the likely take-up. This is a vital part of the planning process.

To help you decide whether you would want your child to attend the sessions we have enclosed a question and answer sheet, which will give you an idea of how these sessions may operate.

If you would like your child(ren) to attend the breakfast sessions that we hope will start on Monday 11th November then you must complete the attached form and return to the school by Wednesday 6th November. If we do not receive a response we will assume that you do not want your child(ren) to attend the breakfast sessions. Please note a free breakfast is not a right. Schools can refuse entry to any children on the grounds of unacceptable behaviour.

I would like to thank Conwy local authority Catering Department for their swift assistance to enable us to commence the breakfast club next week.

Yours sincerely

Mr G Vaughan Headteacher

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Please complete and return to the school by Wednesday 6th November 2013

Child's name:				Class:	
Attendance					
Please indicate which days your child will be attending the breakfast session					
Mon	Tue	Wed	Thurs		Fri
Special Dietary requirements					
Does your child have any food allergies/intolerance?			nce?	Yes No	
If yes, please provide details					
Other information					
Please provide details of any other information you feel relevant to your child's attendance at the breakfast session					
Contact details in case of an emergency					
Name:				Phone	e number:
Relationship to child:					
Name:				Phone number	
Relationship to child:					
I confirm that I would like my child to attend the breakfast sessions when they start.					
Signature of Pa	arent/Guardian:			Date:	