**KS1 Universal Free School Meals Requirement**

Name of child………………………………………………………………..Year………………………………in September 2016

Please tick the following to choose what your want your child to have provided

My child **WILL** **NOT** require a UIFSM until further notice

My child will require a **UIFSM EVERY DAY**

If your child only wants meals on certain days please indicate. These must be the same every week.

My child will require a meal on **MONDAY every week**

My child will require a meal on **TUESDAY every week**

My child will require a meal on **WEDNESDAY every week**

My child will require a meal on **THURSDAY every week**

My child will require a meal on **FRIDAY every week**

Signed………………………………………….. Date………………………………….