## Special Dietary Requirements Please return completed form to Stubbington Study Centre at least 2 weeks before your residential visit

Name of So	hool:				
Date of Res	sidential:				
have a pupi Please also	l or membe let us knov	er of staff with any special diet w if parents of children with sp	warning and information. Therefo, please inform us of their require ecific requirements will be provid bington Study centre (e.g. Soya r	ments below. ing any	
_	- Please ind	dicate if they eat fish. Please indicate if they can or c	cannot eat small amounts in cakes	s, etc	
Nan	ne	Requirement/allergy	Other information	Other information	
age etc.) W	e are happ		If so, please give details below (en who have birthdays during thei		
Name			Date	Age	
•	•	a staff / visitors who will requine als will be required and any	re a meal? If so, then please indic special dietary requirements.	ate for how	
arrange a c	ake for tho		r for any special dietary require shared with relevant centre stat		
Signed:	 Name of	person completing form	Position		