



Cucina Contact Form

Name of Student.....

Year.....

House.....

Dietary Requirements

1. Please tick all that apply:

| | | | |
|------------|--------------------------|-----------------|--------------------------|
| Dairy Free | <input type="checkbox"/> | Gluten Free | <input type="checkbox"/> |
| Wheat Free | <input type="checkbox"/> | Egg Free | <input type="checkbox"/> |
| Nut Free | <input type="checkbox"/> | Coeliac disease | <input type="checkbox"/> |

2. Does your son have any other requirements?

Please give details below.

.....

.....

.....

.....

.....

3. Do you use any special dietary products with your son? YES NO
If YES, please give details below.

.....

.....

.....

.....

Restrictions on Cucina Account

Please state below any restrictions you would like us to apply to your son's Cucina Account, such as capping his daily spend or restricting the purchase of certain items.

.....

.....

.....

Signature of Parent or Carer.....Date

Please can you provide a contact phone number and/or email should we need to contact you for further details.

Contact Phone Number

Email.....

Please return to Student Reception