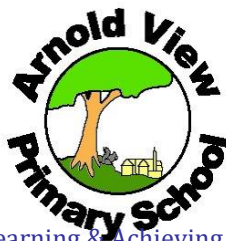


# Arnold View Primary School



Living, Learning & Achieving Together  
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10<sup>th</sup> May 2019

Dear Parent/Carer

## St Michael's Centre – Y2 Hathersage Visit

Please find attached a food questionnaire and consent form for you to complete with your child in connection with the Year 2 residential visit to St Michael's Centre in Hathersage. The children will be having one of their meals at the Pool Café in Hathersage during their visit and the menu for this is also attached. Please can you choose one drink, one main meal and one dessert from the menu so that we can arrange for this to be pre-ordered beforehand.

Please can you sit with your child to complete all of the questionnaire and order form and return these to the school office by **Monday 20<sup>th</sup> May 2019**.

If you tick "other" on the questionnaire please could you specify exactly what you mean in order that the correct items can be purchased as we do try to accommodate wherever possible.

Kind regards

Mrs G Arris  
Administrative Assistant



# ARNOLD VIEW – Y2 HATHERSAGE QUESTIONNAIRE

Name: ..... Class: .....

1. Are you a vegetarian? Yes  No
2. Do you have any food allergies? Yes  No

If Yes, details: .....

3. Please tick your preferences for meals at St. Michael's. **If you tick "other" give an example.**

**Breakfast**

**Like a Lot                      OK                      Don't Like**  
**(Tick one box for each item)**

Cherrios

Coco Pops

Other i.e. ....

**Toast &**

Strawberry Jam

Other i.e. ....

**Packed Lunch**

**Bread**

White

Brown

**Sandwich Filling**

Cheese

Ham

Tuna

Strawberry Jam

Other i.e. ....

**Fresh Fruit**

Apple

Orange

Grapes

Other i.e. ....

**Biscuits**

Chocolate

Plain

**Squash**

Blackcurrant

Orange

**Water**

<b>Main Meal</b>		<b>Like a Lot</b>	<b>OK</b>	<b>Don't Like</b>
<b>Main</b>	Jacket Potato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Beans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other i.e.	-----		
<b>Vegetables</b>	Salad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other i.e.	-----		
<b>Sweets</b>	Jelly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ice cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other i.e.	-----		
<b><u>Snacks &amp; Supper</u></b>		<b>Like a Lot</b>	<b>OK</b>	<b>Don't Like</b>
<b>Milk</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Milk Shake</b>	Strawberry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Drinking Chocolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other i.e.	-----			

4. To order your walking boots we need to know your normal shoe size.

My normal shoe size is .....

I confirm that I have checked and am happy with all the above answers.

Signed: ..... Parent/Carer

**Pool Café Menu**

Apple Juice Carton

Orange Juice Carton

**Main Meal**

5" Pizza

Jumbo Sausage

Chicken Nuggets

Jumbo Fish Fingers

(All the above served with chips and peas or beans )

Peas

Beans

Pasta with Tomato Sauce & Garlic Bread

**Dessert**

Ice cream

Cookies

**Please choose one drink, one main meal and one dessert.**

Name.....Class.....