

Student Name.....



LILYDALE  
HIGH SCHOOL

# 2019 YEAR 10 FORMAL

FRIDAY 18 OCTOBER



## PARENT/GUARDIAN COLLECTING STUDENT ON THE NIGHT

Name of Parent/Guardian collecting student \_\_\_\_\_

MOBILE NUMBER of Parent/Guardian collecting student \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE NOTE** - If a **change** needs to be made to the person designated to collect your child, you must contact **Lauren Kelso** in the Middle School Office on **9735 5644** **BEFORE 3.00pm, Thursday 17 October.**

**ON THE NIGHT** - If an emergency arises and a change is required, please ring the school mobile **0417 345 512.**

## DIETARY REQUIREMENTS

Does your child have any dietary restrictions? YES  NO

1. Please circle what **Food Preference** your child has;

**Vegetarian**      **Vegan**      **Gluten**      **Other**

If other, please state: \_\_\_\_\_

2. Please circle what **Food Allergy** your child has;

**Eggs**      **Fish/Seafood**      **Peanuts/Other Nut Varieties**      **Wheat**      **Other**

If other, please state: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO MIDDLE SCHOOL BY MONDAY 16 SEPTEMBER**