



Executive Headteacher: Kathleen Wheeler, BSc, MA, PGCE, NPQH
Cann Hall Road, Leytonstone E11 3NN, Tel: 020 8534 3425
www.buxtonschool.org.uk



Breakfast Club Application Form



Buxton School, Primary

Primary Breakfast Club offers daily childcare, Monday to Friday, 7.30-8.45am at Buxton School.

Breakfast Club provides a safe environment for pupils to have breakfast, play games, do homework and socialise before school.

The current cost of Breakfast Club is £2.70 per day (£13.50 per week). You can opt for your child to attend all week or select set days for your child to attend.

If you would like your child to attend Breakfast Club then please complete this application. You will be notified by letter if your child has received a place or if there is not a place available then they will be placed on a waiting list.

Breakfast Club Application Form

Buxton School, Primary

Name of child: Class:

Name of child: Class:

Name of child: Class:

Medical / dietary needs:

Emergency contact details 1:

Emergency contact details 2:

Days you would like your child to attend Breakfast Club:

Monday Tuesday Wednesday Thursday Friday

Are you entitled to free school meals (please note we must have a record of this in school)? Yes / No

Signed person with parental responsibility:

Date:

Please complete and hand to Sarifa Essa.

Date Rec



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Breakfast Club Cancellation
Buxton School

Primary Breakfast Club

If you no longer require a space in Primary Breakfast Club please fill in the below slip & hand back to Sarifa Essa.

You will need to give a 2 week notice from the date of cancellation & will need to clear all debts on parent pay before we can cancel your account.

We will contact you to confirm your cancellation once the form is received.

Many Thanks

Sarifa Essa
0208 5343425 ext. 247



Breakfast Club Cancellation Form
Buxton School



Name of child: Year/Class:

Name of child: Year/Class:

Name of child: Year/Class:

Contact Number:

I agree I will clear my parent pay account before the end of the 2-week notice.

Signed by person with parental responsibility:

Date.....

Please complete, sign and hand to Sarifa Essa

Date Rec



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