

Package Required							
Standard		<input type="checkbox"/>		Premium		<input type="checkbox"/>	
School Details							
Name of School							
Nursery	<input type="checkbox"/>	Primary School	<input type="checkbox"/>	Secondary School	<input type="checkbox"/>	Sixth Form / College	<input type="checkbox"/>
Other (please specify below):							
Name of Academy Trust (where applicable)							
Address Line 1							
Address Line 2							
Address Line 3							
Address Line 4							
Post Code:							
Named Persons							
Line Manager Name							
Line Manager Email							
Line Manager Phone Number							
Catering Manager Name							
Catering Manager Email							
Catering Manager Phone Number							
LACA Membership							
Membership Number:				Not currently a member:		<input type="checkbox"/>	
Invoicing Details							
Purchase Order Number:							
Business Name:							
Email Address to Send Invoice to:							
Postal Address:							
Agreement							
I confirm this application is for a single school:							<input type="checkbox"/>
I confirm I have authority to register for this service:							<input type="checkbox"/>
I understand this is an auto-renewing service requiring 3 months prior notification to cancel the auto-renewal:							<input type="checkbox"/>
I confirm I have read & understood the service level agreement & terms & conditions:							<input type="checkbox"/>
Full Name:							
Signature							
Date:							