

**Meal Choice**

Please complete and return or email to the school office.

Please indicate if your child requires a school meal or will bring in his/her own pack lunch.

Please tick if your child is a vegetarian and give details of any food allergies or intolerances.

**Please note you can NOT change your choice daily, you must choose either school meal**

 **or packed lunch for a full half term.**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_

Please tick one box below:

|  |  |
| --- | --- |
| Monday - Friday School Meal |  |
| Monday - Friday Packed Lunch |  |
| Vegetarian |  |
| Please list any food allergies/intolerances: |

I understand that I have to give half a term’s notice for this change to take effect.  Failure to give the advance notice may result in the further charges incurred during notice period.

Signed……………………………………………………………

Printed Name: ………………………………………………….

Date: ………………………………………………………........

**For school office use:**

**Date : ………………………………………**