

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 :