

Please hand into School Office

CHANGES TO SCHOOL LUNCH ARRANGEMENTS

CHILD'S NAME

CLASS

I wish to make the following changes to my child's school lunch arrangements. I understand that I must give **at least one week's notice**.

- a. I wish to change my child from school dinners to packed lunch
- b. I wish to change my child school dinners every day (payment enclosed) please tick option
- c. I wish to change my child to school dinners on Wednesdays and Fridays (payment is enclosed)
- d. I wish to change my child to school dinners on Wednesdays only (payment enc.)
- e. I wish to change my child to school dinners on Fridays only (payment enclosed)

With effect from (week beginning)

Signed Print Name Date

for office use only

Scolarest noted: Date *School Office noted: Date*