

NAME.....



CLASS

SCHOOL DINNER ORDER FORM - RECEPTION, YEAR 1 & 2 PLEASE COMPLETE AND SEND TO THE OFFICE BY THURSDAY FOR THE FOLLOWING WEEK

WEEK COMMENCING: OF			1/2 TERM TO M (please tick bo			
Please circle the school packed lunch your child will require.						
TYPE £2.30	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
SCHOOL PACKED WEEK 1	Cheese Ham	Cheese Ham	Pasta pot Ham	Cheese Egg Mayo	Cheese Ham	
SCHOOL PACKED WEEK 2	Cheese Ham	Cheese Ham	Pasta pot Ham	Cheese Egg Mayo	Cheese Ham	
SCHOOL PACKED WEEK 3	Cheese Ham	Cheese Ham	Pasta pot Ham	Cheese Egg Mayo	Cheese Ham	
CASH (Correct money please in marked envelope) CHEQUE (Please attach to order form - do not put in envelope)						

Signed: (Person with Parental Responsibility)