

NOTIFICATION OF CHANGE TO MIDDAY MEAL ARRANGEMENTS

Name of Child..... Class.....

Name of Child Class.....

Name of Child..... Class.....

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I would like my child/children to begin having a school dinner from
week commencing

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I would like my child/children to begin bringing a packed lunch from
week commencing.....

Please tick the appropriate box

Please note:

- *unless it is exceptional circumstances we require 1 weeks notice so that the cook can amend the food order.*
- *If your child brings a packed lunch and school haven't been notified you will be charged for meals we have ordered & have been cooked.*

Signed..... Date.....