

W/C _____

School Dinner Order Form

Pupil Name: _____

Class: _____

Please indicate which day(s) your child would like to receive a school meal. Please note each meal costs £2.60.

This form must be returned to your child's class teacher on a Monday morning.

<u>Monday</u>	
<u>Tuesday</u>	
<u>Wednesday</u>	
<u>Thursday</u>	
<u>Friday</u>	

Please note no monies will be accepted in school.

All payments should be made on Parent Pay.

If your child is entitled to Free School meals, please book a meal of the day/days your child wishes to receive a meal in school. There will be no charge for this.

Total Dinner money:	£	FSM:	
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School Dinner Cost		3 days	£7.80
1 day	£2.60	4 days	£10.40
2 days	£5.20	5 days	£13.00