

NOTIFICATION OF CHANGE OF MIDDAY MEAL
ARRANGEMENTS

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

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

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

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

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

Please tick the appropriate box

*Please note that unless it is exceptional circumstances we require **2 weeks notice** so that the cook can amend her food order.*

Signed..... *Date*.....