



REQUEST TO CHANGE LUNCH

Child's name _____ Class _____

Date of change _____ (Minimum of 2 weeks term time notice is required beginning from the Monday in the week that the request was made)

PLEASE CIRCLE THE DAYS THAT YOUR CHILD WOULD LIKE SCHOOL DINNER/PACKED LUNCH

*My child will bring a packed lunch from home – MON, TUE, WED, THURS, FRI

*My child will have a school meal – MON, TUE, WED, THURS, FRI

*My child has special dietary needs Yes / No

Signed _____ Date _____

Years R, 1 and 2: Due to the way funding is allocated for Universal Free School Meals if you have school meals on any day you must include Thursdays.



REQUEST TO CHANGE LUNCH

Child's name _____ Class _____

Date of change _____ (Minimum of 2 weeks term time notice is required beginning from the Monday in the week that the request was made)

PLEASE CIRCLE THE DAYS THAT YOUR CHILD WOULD LIKE SCHOOL DINNER/PACKED LUNCH

*My child will bring a packed lunch from home – MON, TUE, WED, THUR, FRI

*My child will have a school meal – MON, TUE, WED, THUR, FRI

*My child has special dietary needs Yes / No

Signed _____ Date _____

Years R, 1 and 2: Due to the way funding is allocated for Universal Free School Meals if you have school meals on any day you must include Thursdays.