

DATE:

Packed Lunch or School Dinner Request Form

Complete this form to choose between paying for **school dinners** or preparing a **packed lunch from home daily**.

Once you have made your choice, it will **not be possible to change** it until the next half term.

Student Name: _____

Current Year Group: _____

Please circle type of **meal you wish your child to commence taking:**

School Dinner

Packed Lunch

