

To: St. John the Evangelist Church School – Mrs. Overton, School Office



BOOKINGS FOR SCHOOL MEALS

Pupil's name Class

Please indicate below on which day/s your child would like to have a school meal. If you are adding days or making a change to an existing arrangement, please tick ALL the days on which a school meal will now be required.

With effect from..... I would like to book school meals for my child on the following days each week (please tick):-

Monday	Tuesday	Wednesday	Thursday	Friday	OR	PLEASE CANCEL ALL SCHOOL MEALS UNTIL FURTHER NOTICE

Please advise immediately of any allergies or dietary requirements that may affect your booking, as our catering providers may require additional forms to be completed.

Signed Date.....

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