



SCHOOL DINNER ORDER FORM -

RECEPTION, YEAR 1 AND YEAR 2

PLEASE COMPLETE AND SEND TO THE OFFICE BY THURSDAY FOR THE FOLLOWING WEEK

NAME.....

CLASS

WEEK COMMENCING: OR 1/2 TERM TO OCTOBER 2020 (please tick box)

Please circle the **school packed lunch** your child will require.

TYPE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SCHOOL PACKED WEEK 1	Cheese Ham	Cheese Egg mayo	Cheese Tuna	Cheese Ham	Pasta pot Ham

Signed: (Person with Parental Responsibility)



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TYPE	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SCHOOL PACKED WEEK 2	Cheese Ham	Cheese Egg mayo	Cheese Tuna mayo	Cheese Ham	Pasta pot Ham

Signed: (Person with Parental Responsibility)