

## SCHOOL DINNER ORDER FORM

## PLEASE COMPLETE AND SEND TO THE OFFICE

NAME.
CLASS/YEAR
Please tick the lunch choice your child would like for each week they would like a school lunch. If they choose a packed lunch, please circle their preference.



| Account name | Norfolk County Council |
| :---: | :---: |
| Account number | 70283657 |
| Sort code | $20-62-61$ |

* UniFSM (Universal Free School Meals) are for Reception, Year 1 and Year 2 pupils.

Signed: ................................................................. (Person with Parental Responsibility)

Please return to the school office by Monday March 18th

