

SCHOOL DINNER ORDER SLIP

Please use this form only if your child has a **food allergy** and would like a **mixture** of sandwiches and dinners.

Please remember school dinners must be **ordered on the Monday** of the week they are required.

Week Commencing Date:

Child's Name:

Class:

(Please tick)

	Sandwiches	School Dinner
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please note that if your child has school dinners only there is no need to complete this order form.

SCHOOL DINNER ORDER SLIP

Please use this form only if your child has a **food allergy** and would like a **mixture** of sandwiches and dinners.

Please remember Dinners must be **ordered on the Monday** of the week they are required.

Week Commencing Date:

Child's Name:

Class:

(Please tick)

	Sandwiches	School Dinner
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Please note that if your child has school dinners only there is no need to complete this order form.