

SNACK ORDER SHEET

Please complete all white sections and return this sheet on **Thursday** and the money will be taken out of your child's Parentpay account, **CASH PAYMENTS WILL NOT BE ACCEPTED.**

Thank you.

Week Commencing: _____

Name:		Name:		Name:		Name:		Name:	
Class: R Y1 Y2 Y3 Y4 Y5 Y6		Class: R Y1 Y2 Y3 Y4 Y5 Y6		Class: R Y1 Y2 Y3 Y4 Y5 Y6		Class: R Y1 Y2 Y3 Y4 Y5 Y6		Class: R Y1 Y2 Y3 Y4 Y5 Y6	
MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Toast 25p		Toast 25p		Toast 25p		Toast 25p		Toast 25p	
Crumpet 25p		Crumpet 25p		Crumpet 25p		Crumpet 25p		Crumpet 25p	
Fruit* 25p <i>(please write choice)</i>		Fruit* 25p <i>(please write choice)</i>		Fruit* 25p <i>(please write choice)</i>		Fruit* 25p <i>(please write choice)</i>		Fruit* 25p <i>(please write choice)</i>	
Milk 18p		Milk 18p		Milk 18p		Milk 18p		Milk 18p	
Apple Juice 25p		Apple Juice 25p		Apple Juice 25p		Apple Juice 25p		Apple Juice 25p	
Orange Juice 25p		Orange Juice 25p		Orange Juice 25p		Orange Juice 25p		Orange Juice 25p	

*If choosing fruit, please note your choice from apple (A), banana (B), tangerine(T) or grapes (G)

Total: _____