

Name of pupil:

For Lunches on the Week
commencing :

Class:

Monday ___ / ___ / ____

Please tick the relevant boxes below

	Choice 1	Choice 2	Choice 3	Dessert
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Please return this form to school with your child no later than Wednesday morning (for the following weeks meal choices). Your child's class teacher will then add their choices to our lunch order sheet.

Thank you.

School