**Change of Meal Type**

School requires minimum, one weeks’ notice from Monday, to change your child’s meal type.

Could you please complete and return this form to the Main School Office.

|  |  |
| --- | --- |
| Name of child : |  |
| Class : |  |
| Changing from ; meal type: |  |
| Changing to ; meal type : |  |
| One week’s notice from:  | **MONDAY**  |
| Start date ; | **MONDAY** |
| Parent/ Carer signature |  |

**For Office Use. SIMS □ School Money □**

✂ ……………………………………………………………………………………………………………………………………………………………

**To be completed by school**

Childs Name……………………………………………………………………………………………………. Class…………

Authorised meal change from: **Monday**……………………………………………….

**£11 a week to be paid in advance.**

**Online at School Money.**