

**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)**

	<b>Sandwiches</b>	<b>School Dinner</b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

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

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