**SCHOOL DINNER ORDER SLIP**

Please use this form if your child 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.**

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