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## **CHANGE OF SCHOOL MEAL FORM**



Name of Child \_\_\_\_\_ Class \_\_\_\_\_

I would like to start packed lunch from \_\_\_\_\_

I would like to start school dinners from \_\_\_\_\_

\_\_\_\_\_ (half a terms notice must be given)

Parent/carer signature \_\_\_\_\_ Date \_\_\_\_\_

