

SACRED HEART CATHOLIC PRIMARY SCHOOL

FROM PACKED LUNCH TO SCHOOL DINNERS



I wish my child (child's name).....to change
from packed lunch to school dinners with effect from (date) *

* 1-2 weeks notice will be required.

I agree to pay for all meals in full, in advance, every Monday morning.

Signed(Parent/Carer)

For office use only: Input on System Date

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