



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL LUNCH APPLICATION FORM FOR 2016/17

Parent/Guardian	
Name and surname:	Address:
Student	
Name and surname:	Address:
EMŠO	Year level (school year 2016/17)
<input type="text"/>	<input type="text"/>

<p>I confirm that the above named student will be taking the school lunch in the school year 2016/17, from _____ onwards.</p> <p>Lunch options: meat, vegetarian, special dietary requirements. Please, select your option and write your choice on the line below:</p> <p>_____.</p> <p>I agree that the student may cancel the meal/s by himself/herself:</p> <p>YES NO (encircle)</p>
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**I hereby confirm that the information entered into this form is accurate.
I also confirm that I will pay the school lunch regularly, on a monthly basis and without delay,**

Date: _____

Signature: _____