



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK APPLICATION FORM FOR 2016/17

Parent/Guardian																
Name and surname:	Address:															
STUDENT																
Name and surname:	Address:															
EMŠO	Year level (school year 2016/17)															
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I confirm that the above named student will be taking the snack in the school year 2016/17, from _____ onwards.

Snack options: meat, vegetarian, special dietary requirements (please, attach a doctor's statement for the dietary option). **Please, select your option and write your choice on the line below:**

_____.

I agree that the student may cancel the meal/s by himself/herself:

YES

NO

(encircle)

I hereby confirm that the information entered into this form is accurate.

I also confirm that I will pay the school snack regularly, on a monthly basis and without delay,

Date: _____

Signature: _____