



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK CANCELLATION 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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<p>I hereby cancel the snack for the above named student for the school year 2016/17. This cancellation will be effective from _____ onwards.</p>

Date: _____

Signature: _____

Note: the completed form must be brought/sent to the Office of Student Affairs (Dijaški referat).