



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL LUNCH APPLICATION FORM FOR 2017/18

Parent/Guardian																
Name and surname:	Address:															
Student																
Name and surname:	Address:															
EMŠO	Year level (school year 2017/18)															
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<p>I confirm that the above named student will be taking the school lunch in the school year 2017/18, from</p> <p>_____ 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</p> <p>(encircle)</p>

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: _____