



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK 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 snack in the school year 2017/18, from</p> <p>_____ onwards.</p> <p>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:</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> |
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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 snack regularly, on a monthly basis and without delay,

Date: _____

Signature: _____