



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK CANCELLATION FORM FOR 2018/19

Parent/Guardian										
Name and surname:						Address:				
Student										
Name and surname:						Address:				
EMŠO						Year level (school year 2018/19)				

<p>I hereby cancel the snack for the above named student for the school year 2018/19. 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).