



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK APPLICATION FORM FOR 2019/20

Parent/Guardian																						
Name and surname:	Address:																					
STUDENT																						
Name and surname:	Address:																					
EMŠO	Year level (school year 2019/20)																					
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I confirm that the above named student will be taking the snack in the school year 2019/20, 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:** _____