Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK CANCELLATION FORM FOR 2019/20

Parent/Guardian												
Name and surname:												Address:
Student												
Name and surname:												Address:
EMŠO												**Year level (school year 2019/20)**

I hereby cancel the snack for the above named student for the school year 2019/20. This cancellation will be effective from _____ onwards.

Date: _____ **Signature: _____**

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