



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK APPLICATION FORM FOR 2020/21

Parent/Guardian												
Name and surname:						Address:						
STUDENT												
Name and surname:						Address:						
EMŠO						Year level (school year 2020/21)						

I confirm that the above named student will be taking the snack in the school year 2020/21, 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: _____