Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL LUNCH 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 school lunch in the school year 2020/21, from

_____onwards.

Lunch options: meat, vegetarian, special dietary requirements. **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 lunch regularly, on a monthly basis and without delay,

Date:_____ **Signature: _____**