

Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK APPLICATION FORM FOR 2022/23

Parent/Guardian
Name and surname: Address:
STUDENT
Name and surname: Address:
EMŠO Year level (school year 2022/23)
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: