



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL LUNCH APPLICATION FORM FOR 2024/25

Parent/Guardian												
Name and surname:						Address:						
Student												
Name and surname:						Address:						
EMŠO						Year level (school year 2024/25)						

<p>I confirm that the above named student will be taking the school lunch in the school year 2024/25, from _____ onwards.</p> <p>Lunch options: meat, vegetarian, special dietary requirements. Please, select your option and write your choice on the line below: _____.</p> <p>I agree that the student may cancel the meal/s by himself/herself:</p> <p>YES NO (encircle)</p>
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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 (encircle):

- permanent transfer order (enclose the SEPA form which is available on the school's website or in the school's kitchen)
- E-UPN form sent to your e-mail address
- UPN form sent to your address

Date: _____

Signature: _____