



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

**SCHOOL SNACK CANCELLATION FORM FOR 2024/25**

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

I hereby cancel the snack for the above named student for the school year 2024/25. 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)**