



Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

**SCHOOL LUNCH APPLICATION FORM FOR 2025/26**

<b>Parent/Guardian</b>																
Name and surname:	Address:															
<b>Student</b>																
Name and surname:	Address:															
<b>EMŠO</b>	<b>Year level (school year 2025/26)</b>															
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I confirm that the above named student will be taking the school lunch in the school year 2025/26, 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**

(encircle )

**NO**

**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:** \_\_\_\_\_