Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK CANCELLATION FORM FOR 2025/26

Parent/Guardian	
Name and surname:	Address:
Student	
Name and surname:	Address:
EMŠO	**Year level (school year 2025/26)**

I hereby cancel the snack for the above named student for the school year 2025/26. 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)