Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK APPLICATION FORM FOR 2026/27

Parent/Guardian	
Name and surname:	Address:
STUDENT	
Name and surname:	Address:
EMŠO	**Year level (school year 2026/27)**

I confirm that the above named student will be taking the snack in the school year 2026/27, from

_____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: _____**