

Child's Name:....

## **KS1 Milk Booking Form**

## **Autumn Term 2**

Class:						
Please tic	k the weeks you	ı wish your chile	d to have milk:			
Week Commencing 5 <sup>th</sup> Nov 2018 at a cost of £1	Week Commencing 12 <sup>th</sup> Nov 2018 at a cost of £1	Week Commencing 19 <sup>th</sup> Nov 2018 at a cost of £1	Week Commencing 26 <sup>th</sup> Nov 2018 at a cost of £1	Week Commencing 3rd Dec 2018 at a cost of £1	Week Commencing 10 <sup>th</sup> Dec 2018 at a cost of £1	Week Commencing 17 <sup>th</sup> Dec 2018 at a cost of £1
	turn this form ok milk for you		_	nesday 24 <sup>th</sup> Oc	tober if you we	ould
the office received	the charge fo	r this milk will	then show in	oer. Once this f ParentPay. If t on't be able to	he payment is	not
	gn below to conf necessary payr			tood the booking	g form and agre	ee to
Signed:						
Print:						
					• /	

