Child's Name:	
Class:	
Please tick preferred lunch choice:	
Battered Sausage & Chips	Sausage & Chips
Fish Bites & Chips	Chicken Goujon & Chips
Fishcake & Chips	
Signed:	
Print:	
Parent/Carer Contact Number on 20th J	uly:

PLEASE RETURN THIS FORM TO SCHOOL BY FRIDAY 9TH JULY 2021.