

# Snack Order Form

Pupil Name: \_\_\_\_\_

Class: \_\_\_\_\_

Please indicate which item(s) your child would like to receive at snack time each day and also how many.

This form must be returned with the correct amount of money payable in a clear plastic bag on Monday morning.

	Mon	Tue	Wed	Thurs
Toast 30p each				
Pancake 30p each				
Bagel 30p each				
Apple 30p each				
Orange 30p each				
Banana 30p each				
Grape Pot 50p each				
Melon 50p each				

Print Name:		Relationship to child:	
Total Snack money enclosed:	£	Date:	