

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 | Fri |
|-----------------------|-----|-----|-----|-------|-----|
| 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: | |