

W/C _____

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					

Total Snack money enclosed:	£	Date:	
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