	ST MARY'S CATHOLIC PRIMARY SCHOOL - HOT MEALS ORDER FORM							
	PLEASE COMPLETE <b>ONE FC</b> A SEALED ENVELOPE <u>MARKED</u> PLEASE MAKE	CLEARLY 'HOT	MEALS' AND L		YOUR CHILD	S NAME AND C		
Child	's Name				Class			
Wee	k Commencing					Menu Week		
	Please tick ann	ropriate box to	indicate vour	choice of meat	or vegetarian	ontion		
		Monday	Tuesday	Wednesday	Thursday	Friday		
	Meat Meal		·					
	Vegetarian Meal							
	Special Diet (*)							
Total	number of meals ordered	@ <b>£2</b> .	<b>85each</b> Paym	ent enclosed = :	£	online**/cas	sh/cheque	
	Special Dietary Requirements		rent/Carer)					
Child's Name					Class			
Wee	k Commencing					Menu Week		
	Please tick app	ropriate box to	indicate your	choice of meat	or vegetarian	option		
		Monday	Tuesday	Wednesday	Thursday	Friday		
	Meat Meal							
	Vegetarian Meal							
	Special Diet (*)							
**Fo	number of meals ordered or more details about i Special Dietary Requirements	making payı	ments onlir	ne, please c	all into th	ne school o	•	
SIG	SIGNED:		(Parent/Carer)			Date:		
Child	l's Name				Class			
Wee	k Commencing				Menu Week			
	Please tick app	1		choice of meat			I	
		Monday	Tuesday	Wednesday	Thursday	Friday		
	Meat Meal							
	Vegetarian Meal							
T-+-!	Special Diet (*) number of meals ordered		05 acch D		- 6		aab/-b	
**F(	or more details about	making pay	ments onli	ne, please	call into t	he school o		
(*)	Special Dietary Requirements	5:						
SIG	NED:	(Pa	(Parent/Carer)			Date:		