

Lightcliffe CE Primary School  
MEAL PATTERN CHANGE FORM



Child's Name.....

Class.....

With effect from ..... (Please insert date — AT LEAST ONE WEEK'S NOTICE REQUIRED) my child would like:

*Please ✓ as appropriate*

	School Meal	OR	Packed Lunch
Monday	<input type="checkbox"/>	OR	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	OR	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	OR	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	OR	<input type="checkbox"/>
Friday	<input type="checkbox"/>	OR	<input type="checkbox"/>

(Please refer to our website [www.lightcliffeprimary.co.uk](http://www.lightcliffeprimary.co.uk) for up to date details of our 3-week rolling menu)

Signed.....(Parent/Carer)

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**FOR OFFICE USE ONLY:**

Date form received in office.....

SIMS pupil  School money  Parent/Carer emailed  Teacher emailed (YR only)

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**TO PARENT/CARER:**

Your request to change your child(ren)'s meals to the pattern detailed above has been processed and will take effect from .....

SIGNED..... (school office)

DON'T FORGET YOU CAN USE [WWW.SCHOOLMONEY.CO.UK](http://WWW.SCHOOLMONEY.CO.UK) TO PAY FOR YOUR CHILD'S MEALS OR SEND IN CASH OR CHEQUES VIA THE CLASS TEACHER

***PLEASE KEEP THIS COPY FOR YOUR RECORDS — THANK YOU***