



CHANGE OF MEAL REQUIREMENTS

PLEASE NOTE: We require 2 weeks notice to change from one meal type to another

CHILD'S NAME: _____

CLASS: _____

***Change from school meal to sandwiches**

My child is currently having a school meal, however, with effect from(please insert date) I would like my child to bring sandwiches.

***Change from sandwiches to school meal**

My child is currently having sandwiches, however, with effect from(please insert date) I would like my child to have a school meal at a cost of £10.00 per week.

Please sign and date this form and return to the school office

Signed: _____ (parent/carer)

Date: _____

Address: Halliwell Lane, Cheetham Hill,
Manchester, M8 9FR

Telephone: 0161 7405996

Fax: 0161 7206737

Email: admin@cheetham.manchester.sch.uk

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