

Dinner Sheet

Please tick the boxes of the meals that you require for your child on the relevant days. Please note that all meals will be served with a vegetable, potatoes e.g. mashed or chip, and a dessert

When you have completed the form, please place in a sealed and named envelope with the exact amount of money required.

Child's name: _____ Class: _____

Monday 31st Aug	Tuesday 1st Sept	Wednesday 2nd Sept	Thursday 3rd Sept	Friday 4th Sept
SCHOOL CLOSED	Chicken curry and rice <input type="checkbox"/> Fish and chips <input type="checkbox"/>	Spaghetti Bolognaise <input type="checkbox"/> Chicken Goujons <input type="checkbox"/>	Roast dinner <input type="checkbox"/> Ham Sandwich <input type="checkbox"/>	Sausages and chips <input type="checkbox"/>
	Milk <input type="checkbox"/> Water <input type="checkbox"/>	Milk <input type="checkbox"/> Water <input type="checkbox"/>	Milk <input type="checkbox"/> Water <input type="checkbox"/>	Milk <input type="checkbox"/> Water <input type="checkbox"/>