MILK

Dear Parent

If you wish/do not wish your child/children to have school milk from Monday 9th January until Friday



3 rd March please fill in the reply slip below and return it to the school along with £7.00 on or before Thursday 15th December. Due to limited change we would ask parents to send the correct money.	have belo with clea Wee
Name of Child/Children	Nan
I wish my child to have school milk and enclose payment of £7.00 per child.	l wis
I do not wish my child to have school milk.	Му
Signed	I do
Please tick appropriate box	Sign
	Plea

CHRISTMAS DINNER

Dear Parent

Christmas dinner will be served on Thursday 15th December. If you wish/do not wish your child to ve Christmas Dinner please fill in the reply slip ow and return it along with £2.50 in an envelope th your child's name and "Christmas Dinner" arly marked on it to the school on or before



ednesday 7th December as the cook needs exact numbers by this date.

Name of Child/Children
wish my child/children to have Christmas Dinner on Thursday 15 th December.
My child/children receive Free Meals
do not wish my child to have Christmas Dinner
iigned
Please tick appropriate box.