



Shelley First School

Together we succeed

Headteacher: Mrs D Knowles

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FOR OFFICE USE:

Pattern Updated:

Slip Issued:

Signed: _____ Date: _____

Application to change from sandwiches TO School Dinners

Name of Child _____ Class _____

Please tick the appropriate option:

I hereby give notice to change TO FULL TIME school dinners

I hereby give notice to change TO TRY IT FRIDAY school dinners

With effect from MONDAY _____

(A minimum of 7 days' notice is required and must start on a Monday)

Please note any known food allergies / requirements that the kitchen needs to be aware of e.g. vegetarian or medically diagnosed allergies (must be accompanied by a medical healthcare plan): _____

Signed _____ Parent/Guardian

Date _____

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Confirmation of change (For completion by school office)

I confirm that _____ in Class _____ has permission to change TO Full Time School Dinners/ Try It Friday's with effect from Monday _____

Please make your payments through your ParentPay account; remembering to keep your account in credit.

Signed _____

Date _____

