**Bawdsey CEVC Primary School Packed Lunch Request Form**

 **If you would like to purchase a school packed lunch we would be very grateful if you could complete the table below and hand in to the school office by 9am Monday each week, please circle the filling required.**

**Child Name:**

**Week Beginning:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Ham or Cheese** | **Cheese or Tuna** | **Egg Mayonnaise or Ham** | **Ham or Cheese** | **Fish Finger or Ham** |

**Signed:**

**Parent Name:**

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