



14th June 2016

Dear Parents/Carers

Changes to School Meals 2016-2017

Please note that your child's school meal arrangements for September 2016-2017 will remain the same unless you inform the school office. If you wish to change your child's lunchtime arrangements from packed lunch to school meals or vice versa, please complete and return the slip below to the school office. If you do not inform us of any change to meal arrangements you will still have to pay for any meals we have ordered. We will require two weeks' notice for any changes to meal arrangements made after 5th September 2015.

The cost of school meals will be £2.30 per day or £11.50 per week from September 2016. For parents/carers who wish to pay for the half term in advance the amount due is £80.50 up until Friday 21st October 2016 half term. All meals must be paid for in advance to avoid arrears. Dinner money amounts for September 2016-17 are available on the school website.

As meals are pre-ordered we can no longer accept change requests on the day, or the day before. In the event of an **exceptional** circumstance your child will be provided with a school meal and you will be charged accordingly.

The preferred method of payment for school meals is online via SIMS Agora through the school website. If you would like to set up an account, please speak to the office.

Alternatively, all dinner money must be placed in a sealed envelope with your child's name and their class teacher's name marked clearly on it. There is a payments box located in the reception area where you will be able to deposit your envelopes. If you wish to pay by cheque, please make it payable to Oswald Road Primary School and write your child's name and their class teacher's name on the back. This also needs to be posted in the collection box.

If you are applying for Free School Meals please show evidence of Income Support details to the office. Free School Meal application forms are available in the school office and from the school's website.

If we can help you with this claim in any way please call in at the office.

Kind Regards

School Office



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Changes to Lunchtime Arrangements

Child's name _____ Class _____

Change from (type of meal) _____

Change to (type of meal) _____

Date of change (2 weeks ahead) _____

Dietary Needs - please tick if applicable

Allergy (please specify)			
Gluten Free		Kosher	
Halal		No seafood	
No dairy		No pork	
No fish		Vegetarian	

Signed (Parent/Carer) _____ Date _____



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