

Gimnazija Bežigrad, Peričeva ulica 4, 1000 Ljubljana

SCHOOL SNACK APPLICATION FORM FOR 2024/25

Pa	arent	t/Gua	rdian										
N	Name and surname:										Address:		
S	STUDENT												
	Name and surname: EMŠO										Address: Year level (school year 2024/25)		
E													
]	<u> </u>	<u> </u>			
I co	nfirn	n that	the ab	ove n	ame	ed st	udei	nt w	ill b	e tal	king	the snack in the school year 2024/25, from	
								onw	vard	S.			
												ments (please, attach a doctor's statement for the dietary ce on the line below:	
								_•					
I ag	ree tl	hat th	e stude	ent m	av c	ance	el th	e me	eal/s	bv l	him	self/herself:	
					•		, v			~, -			
YES (enc	ircle)		N()								
												nis form is accurate.	
I al	so co	nfirn	n that I	will]	pay	the s	scho	ol sı	nack	reg	ula	rly, on a monthly basis and without delay,	
Des	-a										c	Nanatura	
Dat	<u></u>										2	Signature:	