

School Meals Agreement

I would like to request that _____ **(Insert Childs Name)** be provided with a school meal on the following days at a cost of £_____ per meal.

Monday	Tuesday	Wednesday	Thursday	Friday

(Please tick all that apply)

- I agree to the payment of these meals in the above sums on the above dates and understand that monies are due in advance or on the day that the meal is provided.
- I agree to give the school notice of a minimum of 5 working days, if I wish to alter this agreement or cease using the school meals service.
- I understand, that in the event I fail to pay for the school meals, the school reserves the right to cease provision of the meals until such a time that the debt is cleared and no sums remain outstanding. In the event that this occurs I understand that a packed lunch will need to be provided for my child.
- I understand that failure to pay for these meals can result in referral of the outstanding debt to Durham County Council's enforcement team who will take legal action to recover the debt.

Signed _____ **Parent/ Guardian (Please delete)**

Printed _____

Address _____

Dated _____

Signed _____ **Parent/ Guardian (Please delete)**

Printed _____

Address _____

Dated _____

(In the event that two there are two parents/guardians, both must read and sign the document)