



Gleadless Primary School

Hollinsend Road
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S12-2EJ

Gleadless Primary School

Head teacher – Mrs V Fowles.

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Autumn Term 2010

SCHOOL MEALS AND MILK

Dear Parent/Guardian

The cost of school meals will increase to **£1.98p per day** making a total of **£9.90p per week** payable on Monday morning if possible. It is helpful if children could bring the correct money in an envelope marked with their name, cheques are always appreciated and are also a more secure method of payment, please make them payable to **Gleadless Primary School**.

Meals should be paid for when ordered however on occasions we have to contact parents who are in debt with their child's school dinner payments. If this debt reaches a total of 10 days, the school office will be in contact to advise that no more school dinners can be taken until the debt is paid in full.

Just to advise parents who are in receipt of TC602 you will be eligible for free school meals if you apply, children receiving a free school meal are not treated any differently to children who pay for their dinner. Children on F.S.M. can also order a free packed lunch for day trips and school milk each term.

The price of semi skimmed school milk will remain at 12p per carton next term. The cost for the **Autumn Term** will therefore be **£8.28p** a 12p reduction for our three inset days has been taken into account. May I remind you that free milk is available for children eligible for **free school meals** and children under five years of age.

An early decision and payment would be very much appreciated at the start of next term; also children under five should bring their part payment in at the beginning of term please.



Yours sincerely

Mrs V Fowles
Head teacher

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MILK REPLY SLIP

NAME OF CHILD _____ CLASS _____

Please tick the appropriate box

- Yes I wish my child to receive milk this term and enclose £8.28p
- I am eligible to free school meals and wish my child to have milk
- Under 5's yes I wish my child to receive school milk and enclose the appropriate amount
- No I do not wish my child to receive milk this term

SIGNED Parent/Guardian _____ Date _____

