

Application for Annual School Meals Agreement

(Only available in Primary Schools)



A 10% discount to any Parent/Guardian who commits to purchasing meals every school day (190 days) and to spread the cost over 12 months via direct debit.

I have read and fully understood the terms and conditions and would like to apply for the Annual School Meals Agreement (**please tick to confirm**) ☐

Name of Parent/Guardian: _____ (Print Name)

Address: (This must be the address registered at the school as the child's home address)

Email address: _____

I confirm that the following children live at the above address.

FULL NAME OF CHILD/CHILDREN	SCHOOL NAME

Signature: _____

Date: _____

Please complete this form **and the direct debit form** and return to:
Catering Services, Pembrokeshire County Council,
Unit 17 Thornton Business Park, Milford Haven, SA73 2RR