

PEIYING PRIMARY SCHOOL

School Vision: A School with PRIDE School Mission: Building Character, Enriching Lives, Stretching Potential

Application Form for Lunch Pass for Year_____

To whom it may concern

- I. I wish to apply for the Lunch Pass for my child/ward* so that he/she can leave the school premises to either have lunch at home or collect lunch from just outside the school before he/she returns to school to resume the after school activities such as CCA or supplementary classes. The details of my child/ward* are as shown below.
- II. I note that the Lunch Pass is not transferable and I will ensure that my child/ward uses the pass appropriately.
- III. I understand that the application of the Lunch Pass is subject to approval by the school and that the school reserves the right to revoke the Lunch Pass should there be any misuse.
- IV. I will remind my child to display the pass at the gate.
- V. I will ensure my child return safely and timely to resume his/her school activities after meal.

Name of Child/Ward:		
Class:		Please attached recentphotograph of student
BC No/Fin No:	_	
Name of Parent/Guardian*:	_	
Parent's/Guardian* Signature:		_
Contact No: * Please delete where applica	Date:	
Application for Special Lu	nch Pass (Year:)
		For official use only Reg no:
We acknowledge the receipt	t of your application for Lunch F	Pass for your child/ward*.

We acknowledge the receipt of your application for Lunch Pass for your child/ward*. If your application is successful, your child/ward* will be issued with the Lunch Pass in due course.

Name of Staff: _____

Signature of Staff:	Date:
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