# Year 3 Lunch Invitation

Dear Parents and Carers of children in Year 3,

We would like to invite you to join your child for a freshly cooked school lunch, or for you and your child to try a school lunch if your child currently has a packed lunch.

Under the management of Principals Catering, our kitchen team provides delicious lunches prepared from scratch.

The invitation is for 12:15pm in the school dining hall on Wednesday 4<sup>th</sup> March or Thursday 5<sup>th</sup> March.

The cost of a two course lunch is £2.15 per child and £2.76 per adult, which we're sure you'll agree is excellent value for money.

If you are able to join us, please return the completed slip below, along with payment for the adult meal only to the School Office. Payments for the children's meals should be made online at <a href="https://www.principals-catering.com">www.principals-catering.com</a>, as normal. The deadline for parent bookings is <a href="https://www.principals-catering.com">Thursday</a>
<a href="https://www.principals-catering.com">27<sup>th</sup> February</a> We will be unable to accept any bookings after this date for food-ordering purposes.

We really hope you'll be able to join us!



# Wednesday 4<sup>th</sup> March

### Main Mea

Roast British Pork & Gravy

Or

Spinach, Sweet Potato & Cheese Sausage Roll

## Sides

Skin-on Roast Potatoes, Spring Greens, Bashed Carrots& Swede with Sage & Onion Loaf

# Dessert

Unicorn Fruit Jelly

Thursday 5<sup>th</sup> March

# Main Meal

Chilli Con Carne & Rice

Or

Vegetable Moussaka

#### Sides

Carrots, Roast Corn, Pepper & Coriander Salad, Cheese & Onion Bread

### Dessert

Chocolate Orange Cookie

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Re: Year 3 Lunch Invitation PLEASE RETURN THIS SLIP A	AND THE CORRECT MO	NEY NO LATER THAN 1	Γhursday 27 <sup>th</sup> Febr	uary &
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I would like to book the follo	<b>O</b> 1			Torres ()
(Please indicate the number o	of place(s) and day you i	require)		
Adult(s) at £2.76	Total (adult meal) pa	ayment enclosed £		
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Child at £2.15 (payable online	e via www.principals –c	atering.com)		
Wednesday 4 <sup>th</sup> March		Thursday 5 <sup>th</sup> Marc	ch D	
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Child's Name:		Class:	<del></del>	
Parent / Carers Name:				
·				<del></del>
Please list any food allergies	or special dietary requ	irements below:		

Please contact the school office if you wish to add a sibling from another Year Group or if you have any dietary requirements or allergies.