

# Essenbestellung Schule

Name \_\_\_\_\_ Vorname \_\_\_\_\_

Klasse \_\_\_\_\_ Essenort \_\_\_\_\_ Schule/Hort....

*Zutreffendes bitte ankreuzen!*

| Kalender Woche | Menü | Montag | Dienstag | Mittwoch | Donnerstag | Freitag |
|----------------|------|--------|----------|----------|------------|---------|
|                | 1    |        |          |          |            |         |
|                | 2    |        |          |          |            |         |
|                | 1    |        |          |          |            |         |
|                | 2    |        |          |          |            |         |
|                | 1    |        |          |          |            |         |
|                | 2    |        |          |          |            |         |
|                | 1    |        |          |          |            |         |
|                | 2    |        |          |          |            |         |
|                | 1    |        |          |          |            |         |
|                | 2    |        |          |          |            |         |

Datum \_\_\_\_\_

Unterschrift \_\_\_\_\_

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| Kalender Woche | Menü | Montag | Dienstag | Mittwoch | Donnerstag | Freitag |
|----------------|------|--------|----------|----------|------------|---------|
|                | 1    |        |          |          |            |         |
|                | 2    |        |          |          |            |         |
|                | 1    |        |          |          |            |         |
|                | 2    |        |          |          |            |         |
|                | 1    |        |          |          |            |         |
|                | 2    |        |          |          |            |         |
|                | 1    |        |          |          |            |         |
|                | 2    |        |          |          |            |         |
|                | 1    |        |          |          |            |         |
|                | 2    |        |          |          |            |         |

Datum \_\_\_\_\_

Unterschrift \_\_\_\_\_