



**OPTIONAL LUNCH FACILITY CIRCULAR**  
**Classes Nursery, LKG, UKG**

Ref: JHPS/CIR/PAR/10/2025-26

Date: 21.04.2025

**Subject: Optional Lunch Facility for Pre Primary students from the School Canteen.**

Dear Parents,

As it is decided to have a full day for pre-primary students, we are providing canteen services **on optional basis** starting from **JULY**. This initiative is aimed at providing during extended hours, our youngest learners with nutritious and balanced meals to support their growth and learning.

**1. Lunch Menu:**

LUNCH		
DAY	MENU	COST PER MONTH
Monday	Chapati And Vegetable Curry	Rs.1500/-
Tuesday	Vegetable Fried Rice	
Wednesday	Lemon Rice	
Thursday	Sambar Rice/Mudda Pappu(Dal) Avakaya Rice	
Friday	Idly with Grated Vegetables And Chutney/Sambar	
Note:Pineapple Halwa /Some sweet will be served once in a week.		
Note: Menu is subject to change.		

**2. Food Hygiene and Safety:**

We follow food safety and hygiene standards to ensure the lunch provided is safe and healthy.

**3. Consent Form:**

We understand that some children may have specific **dietary restrictions or allergies**. Please inform us of any dietary restrictions or allergies by mentioning in the consent form. Kindly return the consent form to the class teacher on or before **20.06.2025**.

For any further enquiries or details, please contact on **8121444525**.

*Kanchana Valli*  
Principal

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**Consent Form For Optional Lunch Facility**

(Consent form to be returned by the student on or before 20.06.2025 to the class teacher)

Note: Parents can also directly submit the consent form at the school office

**Name of the Student:** \_\_\_\_\_ **Class/Sec:** \_\_\_\_\_ **Admission No.:** \_\_\_\_\_

We voluntarily give our consent to avail the optional lunch facility from the school canteen for my child. We confirm that they are no food allergies. **In case of having food allergies**, please mention the same below:

Name of the parent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature of the Parent : \_\_\_\_\_

Date: \_\_\_\_\_