
PREPAYMENT FOR FOOD SERVICE

STUDENT NAME: _____ ID# _____

ADDRESS: _____

SCHOOL: _____ PREPAID AMOUNT: _____ CHECK# _____

Note: Your check will serve as your receipt. Refunds will be made to parent/guardian upon receipt of written request.

**PLEASE MAKE CHECKS PAYABLE TO "THSD 211 - CAFETERIA"
SEND PAYMENT TO YOUR CHILD'S SCHOOL: ATTENTION CAFETERIA**

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