

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

**Channahon School District Lunch Program  
Debit Card Deposit Form**

Parent/Guardian Name: \_\_\_\_\_

<u>Student Name</u>	<u>Grade</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

**TOTAL** \$ \_\_\_\_\_

<p><b>Weekly (\$12.50 per student)</b></p> <p><b>Bi-Weekly (\$25.00 per student)</b></p> <p><b>Monthly (\$50.00 per student)</b></p> <p><b>Bi-Monthly (\$100.00 per student)</b></p> <p><b>Milk Only (\$42.50 a year)</b></p>
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Type of payment enclosed:      Cash \_\_\_\_\_      Check # \_\_\_\_\_

All checks should be made payable to: **Channahon School District 17**

Please send the completed form and payment to:

Channahon School District 17  
Attn: Accounts Payable  
24920 S. Sage  
Channahon, IL. 60410