

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>Weekly (\$12.00 per student) Bi-Weekly (\$24.00 per student) Monthly (\$48.00 per student) Bi- Monthly (\$96.00 per student) Milk Only (\$42.50 a year)</p>

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