

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 (\$11.50 per student) Bi- Weekly (\$23.00 per student) Monthly (\$46.00 per student) Bi-Monthly (\$92.00 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