

Date: _____



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

Parent/Guardian Name: _____

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

TOTAL \$ _____

- | |
|---|
| Weekly - \$17.50
Bi-weekly - \$35.00
Monthly (\$70.00)
Bi-monthly (\$140.00)
Milk Only (\$42.50/year) |
|---|

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
24949 S. Tryon Street
Channahon, IL. 60410