

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 # _____ (please make check payable to CSD17)

Please send the completed form and payment to:

Channahon School District 17
ATTN: Accounts Payable
24949 S Tryon Street
Channahon IL 60410