

Date: _____

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

Parent/Guardian Name: _____

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

<p>Weekly (\$13.00 per student)</p> <p>Bi-Weekly (\$26.00 per student)</p> <p>Monthly (\$52.00 per student)</p> <p>Bi-Monthly (\$105.00 per student)</p> <p>Milk Only (\$42.50 a year)</p>

TOTAL \$ _____

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