

**GUARDIAN ANGELS SCHOOL LUNCH PROGRAM
2008-2009 Deposit Form**

Please print:

Family Name: _____

Student Information

<u>First Name</u>	<u>Last Name</u>	<u>Homeroom</u>	<u>Amount Per Student</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Family Total			\$ _____

Deposits: Please attach this form with your check. Deposits will be accepted daily in the cafeteria and/or through the Wednesday Envelope. If you send a deposit through the Wednesday envelope, it will not be applied to your account until the Friday of that week.

Make checks payable to: Guardian Angels Cafeteria.

Note: Funds are on a **per student** basis. Please designate the amount to place in each student's account. If no designation is made, total amount received will be applied equally to each student account in that family.

<p>Office Use Only: Check # _____ Cash _____ Amt: \$ _____ Date Received: _____</p>
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