

SNACK/LUNCH COUNTER ACCOUNT

Name of Student: _____ **Grade:** _____

As of _____, **your child's Snack Account balance is \$**_____.

If you would like to add further funds to his/her account, please attach cash or a check to this form and return it to the school office.

Thank you!

Attached is a check/cash for \$_____

Please credit this amount to my child's Snack Account.

Parent's Signature: _____ **Date:** _____

Special Instructions:

(Updated 8/18/09)