WAIALAE MEAL PAYMENT DEPOSIT SLIP

Date: _____ Total Amount: _____ [ ] Cash [ ] Check #: _____

1st Student Name: _____ Amount: _____Class/Teacher: _____

2nd Student Name: _____ Amount: _____Class/Teacher: _____

3rd Student Name: _____ Amount: _____Class/Teacher: _____

Parent Name: _____ Day Phone #: _____

Please attach deposit slip with payment and return to school office. Make checks payable to Waialae School.

<<<<<<<<<<<<<<<<<<<<<<<<<<<< FOR OFFICE USE ONLY >>>>>>>>>>>>>>>>>>>>>>>>>>>>

Received and Entered By: _____ Date: _____

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