

DEPOSIT SLIP
SCHOOL NUTRITION PROGRAM

Date _____

Parent/Guardian Name _____ Home Phone # _____
Address _____ Work Phone # _____

Child's Name	\$ Per Child	Grade	School

Enclosed is check # _____ for \$ _____

Enclosed is cash for \$ _____ Parent/Guardian Signature _____

Additional slips are available on-line or in your school office. Make checks payable to the Baraboo School District

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