

FULLERTON SCHOOL DISTRICT
PRE-PAID MEAL ACCOUNT PAYMENT

School _____

Date: ____/____/____

Student Name: _____

Grade: _____

Student ID#: _____

Amount: \$ _____

Student Name: _____

Grade: _____

Student ID#: _____

Amount: \$ _____

Please write additional students on back if necessary

CHECK #: _____ Telephone #: _____ Amount: \$ _____

CASH: _____ Amount \$: _____

Please make check payable to **FSD-Nutrition Services** and
WRITE STUDENT'S ID NUMBER ON THE CHECK