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**POS SYSTEM**

**Student Name:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Parent Name (s):** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Home/Cell Telephone #** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Amount of Deposit:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

(By signing this form you agree to keep your child's debit account in good standing throughout the school year. A service fee will be charged to those accounts that remain negative after receiving sufficient notification regarding account status)