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PREPAYMENT FOR SCHOOL FOOD SERVICES

Please complete this form and mail (or bring) **to your student's school cafeteria** along with your money or check made **payable to your student's school cafeteria**.

Student Name _____ Bar Code Number _____

Address _____

Pre-Paid Amount _____ Check Number _____

Note: Return of unused funds will be made to parent/guardian only upon receipt of written request.
NOTE: Township High School District 214 Food Services will assess a \$10.00 service charge for any check returned for insufficient funds.

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