

CUSD #3 Lunch Account Deposit

Parent/Guardian name: _____ Date submitted: _____

Student name: _____ [CE CMS MHS] Deposit amount: _____

Student name: _____ [CE CMS MHS] Deposit amount: _____

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Student name: _____ [CE CMS MHS] Deposit amount: _____

Student name: _____ [CE CMS MHS] Deposit amount: _____

Total deposit amount: _____

___ Cash ___ Check (Check number: _____)

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Total deposit amount: _____

___ Cash ___ Check (Check number: _____)