

FOOD SERVICE PAYMENT FORM

Date _____

MAIL TO: Howards Grove Schools - Lunch or
403 Audubon Road
Howards Grove WI 53083

Send with your student
Drop boxes available in each office
Payments credited daily

Checks Payable to Howards Grove Schools - Lunch

Please Print

Parent/Guardian

Last Name

First Name

Daytime Phone # _____

Address _____

List All Students Attending:

Student Name / Grade

Student Name / Grade

Please enclose this form with payment in an envelope

(This would be in place of pre printed school lunch envelope)

Amount Attached \$ _____ Cash _____
Check # _____



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