

Village Charter Academy
School Nutrition Payment Form/ *Forma de Pago para Comina Escolar*

Student's Name _____ Teacher _____

Amount Paying _____ Date _____

Paying by: Check _____ Cash _____

Pleased return this form and your check or cash with your child. The school office will give you a receipt as soon as payment is received.

If you have any questions, please call the school office at 818-716-2887.

Thank you,
Village Charter Academy

Español:

Nombre del Estudiante _____ *Maestro/a* _____

Cantidad de Pago _____ *Fecha* _____

Pago: Cheque _____ Dinero Efectivo _____

Devuelva este formulario y su cheque o dinero efectivo con su hijo/a. La oficina de la escuela te dará un recibo en cuanto se reciba el pago.

Si usted tiene alguna pregunta, por favor llame a la oficina de la escuela al 818-716-2887.

Gracias
Village Charter Academy

For Office Use

Child's Name _____ Teacher _____

Amount Paid _____ Date _____

Comments: _____

Thank You,
Village Charter Academy