

PRE-PAID MEAL ACCOUNT PAYMENT

Please Print Clearly

School: ROCKLIN ACADEMY @ MEYERS

Date: ____/____/____

Student Name: _____ Teacher: _____ Amount: _____

Student Name: _____ Teacher: _____ Amount: _____

Student Name: _____ Teacher: _____ Amount: _____

Student Name: _____ Teacher: _____ Amount: _____

Please write additional students on back if necessary

Please make checks payable to **RUSD Food Services** and **WRITE STUDENT'S NAME ON CHECK.**
Seal Envelope and return to the school office.