

Liholiho School

Meal Payment / Deposit Slip

Print Legal Name of Child(ren)	Grade	Room #	\$ Deposit Amount
1)			
2)			
3)			
4)			

This institution is an equal opportunity provider and employer.

Total Amount Paid \$ _____

Print Parent/Guardian Name

Day Phone #

Date

* For Office Use Only	Date rec'd _____ Cash _____ Check# / Amt. _____
	Verified by _____ Verified by _____ Total Amt. _____

----- 8>< ----- cut here & enclose with payment ----- 8>< -----

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