

‘Iolani School
Sodexo Food Services
808 943-2223

Sodexo Dining Account Payment

Student Name: _____ Student ID: _____ Amount: _____

Sibling Name: _____ Student ID: _____ Amount: _____

Sibling Name: _____ Student ID: _____ Amount: _____

Cash/Check Amount: _____ Check # _____ Total Amount: _____

Parent/Guardian Name: _____ Date: _____

Email Address: _____

NOTES: Please fill out the amount you wish to deposit into each student's account. You may include one check for the total deposit for all family members. Make checks payable to Sodexo. Please return this form in a sealed envelope to the Food Service office, or mail to:

Sodexo
563 Kamoku Street
Honolulu, HI 96826

