

**PREPAYMENT FOR FOOD SERVICE**

STUDENT NAME \_\_\_\_\_ I.D.# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY ZIP

PRE-PAID AMOUNT \$ \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

PLEASE NOTE: Refund of unused funds in excess of \$10.00 will be made to parent/guardian only upon receipt of written request.

PLEASE MAKE CHECKS PAYABLE TO GRANT COMMUNITY HIGH SCHOOL DISTRICT 124.

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STUDENT NAME \_\_\_\_\_ I.D.# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY ZIP

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PLEASE NOTE: Refund of unused funds in excess of \$10.00 will be made to parent/guardian only upon receipt of written request.

PLEASE MAKE CHECKS PAYABLE TO GRANT COMMUNITY HIGH SCHOOL DISTRICT 124.

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PLEASE MAKE CHECKS PAYABLE TO GRANT COMMUNITY HIGH SCHOOL DISTRICT 124.

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PLEASE MAKE CHECKS PAYABLE TO GRANT COMMUNITY HIGH SCHOOL DISTRICT 124.