

CAFETERIA ACCOUNT FORM

I wish to place money on my child's account.

SCHOOL: (CHECK ONE)

EHS_____ **FMS**_____ **ANTHEIL**_____ **LORE**_____ **PARKWAY**_____

Student's Name: _____ **Grade:** _____ **Date:** _____

EHS and FMS: Students may use money for meals, snacks, and beverages and must present their school ID at the cafeteria to access money on account.

FMS: If you wish to limit the snacks/beverages your child purchases, you may submit a Limitation Request Form to the cafeteria or contact the Cafeteria Manager at (609)538-9800 x3150.

ANTHEIL, LORE, AND PARKWAY: Students may use money for meals only (breakfast and lunch). Snacks are purchased with cash only.

AMOUNT ENCLOSED:

Check # _____ **\$** _____ **OR** **Cash \$** _____

*PLEASE NOTE: \$10 minimum for checks- payable to Ewing Twp. Food Service—\$25 bounced check fee for returned checks
(Please print your child's name and school clearly on the memo line of your check.)*

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