

**Colchester School District Nutrition & Food Services
Deposit Slip**

Last Name: _____ First Name: _____

PIN Number: * _____ School: _____

Amount Enclosed: \$ _____ Paid by: Cash
 Check# _____

- ♦Please make check payable to Colchester School Lunch Program.
- ♦Please place in an envelope with your child's name and school on the outside of the envelope.
- ♦Minimum deposit of \$3.00 or more.

****We must have your child's PIN # to process this payment!***

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Additional copies are available on our Food Service website at: www.csdvt.org

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