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!

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