

Manteno School District 5 PRE-PAID MEAL ACCOUNT PAYMENT

Please Print Clearly

Manteno Early Childhood School

Date ____/____/____

Student Name _____ ID# _____ Amount: _____

Student Name _____ ID# _____ Amount: _____

Student Name _____ ID# _____ Amount: _____

Please write additional students on back if necessary

Please make checks payable to Manteno School District and WRITE STUDENT'S ID# ON CHECK.

Seal Envelope and return to Cafeteria Manager at School Site