

MILILANI MIDDLE SCHOOL PREPAID MEAL PROGRAM

Student's Name: _____
Last Name First Name MI

Track: Yellow
 Blue
 Red
 Green

Grade: 6
 7
 8 _____
Date

Core 1 Teacher's Name

Parent/Guardian's Name

Parent/Guardian Day Phone Number

Please check (✓) method of payment:

Check \$ _____ Check Number: _____

* Payable to **DEPARTMENT OF EDUCATION**. Write student's name on check.

Cash \$ _____

This form must accompany payment. Payment received by morning recess will be available by that day's lunch. Monies received after 10:30 am will be available on the following day.

Your child's balance will be automatically rolled over to the next school year. Upon exiting Mililani Middle School, please inquire about any balances in your child's account. Refunds will be available for 90 calendar days from your child's exit date.

*In accordance with Chapter 40-35.5 H.R.S. amendment, \$25.00 will be charged for dishonored checks.

"This institution is an equal opportunity provider."

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