



Rolling Hills Charter

# Lunch Account Payments

Parent/Family Name: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Check # \_\_\_\_\_

**Please specify the amount you would like put on each child's account...**

Child's name: \_\_\_\_\_ Amt: \_\_\_\_\_

Child's name: \_\_\_\_\_ Amt: \_\_\_\_\_

Child's name: \_\_\_\_\_ Amt: \_\_\_\_\_

Child's name: \_\_\_\_\_ Amt: \_\_\_\_\_