

NORWALK CATHOLIC SCHOOL
PRE-PAY DEPOSIT FORM - MEAL MAGIC

Parent's Name: _____

Student Name: _____ Student Number: _____ Amount: _____

Student Name: _____ Student Number: _____ Amount: _____

Student Name: _____ Student Number: _____ Amount: _____

Student Name: _____ Student Number: _____ Amount: _____

Student Name: _____ Student Number: _____ Amount: _____

Student Name: _____ Student Number: _____ Amount: _____

Check Number # _____ Cash _____ *Total deposit amount:* _____

Please note any limitations to student use of funds here (no ala carte breakfast or ala-carte lunch purchases, etc.):

Please print information clearly.

Parent Signature: _____

Date: _____