

PAYMENT VOUCHER

DATE: _____

Parent Name: _____

Phone No. _____

Family # _____

Total Enclosed: \$ _____

Check # _____

Pre-K

Registration Fee \$ _____
Tuition \$ _____
Milk Fee \$ _____

Food Service

Lunch \$ _____

Kindergarten – Grade 8

Registration Fee \$ _____
Tuition \$ _____
Band Fee \$ _____
Sports Fee \$ _____
Other \$ _____

Third Source Funding \$ _____

After School Care \$ _____

Extended Care \$ _____

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