

MILK PROGRAM PAYMENT CARD

SOLANA BEACH SCHOOL DISTRICT
309 N. Rios Ave. Solana Beach, CA 92075 -1298 (858) 794-7100

Student's Name _____ Phone _____

Mailing Address _____
Street City Zip

E-Mail _____ School _____ Teacher/Classroom# _____

METHOD OF PAYMENT

- Semi-Annual Milk Card \$67.50
- Annual \$135.00

DUE DATE

Payments due Aug. 25 & January 20
Payment due Aug. 25

For Online Payment Option, Please Visit Our Website
<http://www.sbsd.k12.ca.us/District/ChildNutrition>

Check Enclosed for \$ _____

WAIVER AGREEMENT

I authorize my child to participate in the milk program for the school year 2011/2012. I understand that my child will be issued a milk card and the charges on this account will be my responsibility. In the event I choose to terminate the use of my child's card, I will inform the School District in writing of my decision.

Parent Signature

Date

MILK COMES WITH LUNCH