

LUNCH 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

- Meal Card 30 Meals \$ 97.50
- Meal Card 60 Meals \$ 195.00
- Semi-Annual Meal Card \$ 292.50
- Annual \$ 585.00

DUE DATE

Payments due Aug. 25, Dec. 2 & Mar. 9.
Payments due Aug. 25 & January 20.
Payment due Aug. 25.

For On Line Payment Option Please visit Our Website At
<http://www.sbsd.k12.ca.us/District/ChildNutrition>

Check Enclosed for \$ _____

WAIVER AGREEMENT

I authorize my child to participate in the hot lunch program for the school year 2011/2012. I understand that my child will be issued a lunch 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