

YORK CSD FOOD SERVICE ACCT. DEPOSIT FORM

STUDENT NAME: _____
HOME PHONE #: _____
STUDENT ID # (4 DIGITS IF KNOWN) _____

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AMOUNT TO BE PLACED ON ACCOUNT:

CASH

CHECK-Include Student ID # on Check.

Make payable to YORK School Food Service Dept.

***Additional Comments:** _____

Please mail in or return to the:
York School Food Service Department
2578 Genesee Street
Retsof, NY 14539

For Questions please call the School Food Service Office at 243-1730 x-2152

*Please note any Food Allergies here or put special instructions on your child's account.

For Example: Only allowed one snack a day.
\$2.25 per day spending limit.

Money to be used for ala carte items: yes no (circle one)

Lunch Prices: High School 6-12 \$2.85 per day
 Elementary K-5 \$2.75 per day
Reduced Price Lunches: \$.25 per day
Breakfast for all students: \$1.50 per day

****TO INSURE THAT PAYMENT IS CREDITED FOR THE FIRST DAY, PLEASE HAVE PAYMENT TO SCHOOL BY THE FRIDAY PRIOR TO SCHOOL STARTING. YOU MAY STILL PAY AT LUNCH TIME.**

Parent/Guardian Signature