Pre-Payment Deposit Slip:

To participate in the lunch prepayment program at any grade level, please fill out the following form and mail it to the address below or have your child take it to school:

Child’s Name: ____________________________  Student ID: __________________

School: _____________________________________________

Grade: _________________________________________________

Teacher/Homeroom: _______________________________________

Date: _________________________________________________

Deposit Amount: __________________________________________

**Circle one:**  Cash  Check

Make checks payable to:  East Syracuse Minoa Food Services

**Checks** may be mailed to:  ESM Food Services

**PLEASE DO NOT MAIL CASH**  407 Fremont Road

East Syracuse, NY 13057