



## Student Nutrition Prepayment Form

Student I.D. No.	Student Name	School Attending	Amount
<b>Subtotal</b>			
<b>Total</b>			

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Apt./Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

Method of Payments:

Cash

Check (Make Check Payable to: San Mateo Union High School District)

Check Number \_\_\_\_\_

**Attention:**

- Payments by check will take 10 days to process to ensure check has sufficient funds. Returned checks will be charged the bank fee and no checks will be accepted by the District in the future.
- Payments by cash will take 3 days to process.

Signature: \_\_\_\_\_

**No refunds will be given.**

For Office Use Only	
Date Received _____	District Official Initial _____
Date Processed _____	
Original White: D.O.      Pink: Customer Receipt	