

PAYMENT RECEIPT

Parents/Guardian Name _____ Date _____
 Address _____ Daytime Phone # _____

**Payment
Receipt**

Date

Cash / Check #

Amt Paid

Mail To:
 SFSD
 220 Amherst Ave.
 Sheboygan Falls, WI
 53085
 Ph# 550-5893

Name/Student ID	Grade	School Circle One	Cash / Check #	Deposit Amount
		Elem MS HS		
		Elem MS HS		
		Elem MS HS		
		Elem MS HS		
		Elem MS HS		

MS/HS - You will allow additional purchases Yes / No
 You will allow milk? (.35) Yes / No
 You will allow Breakfast ? Yes / No

Parents Signature _____

PLEASE MAKE CHECKS PAYABLE TO SCHOOL DISTRICT OF SHEBOYGAN FALLS (SDSF)