

Parent/Payor Name on Account: _____

List the names of the children you are paying for:

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Check Deposit Type: ___ Cash ___ Check - Check #: _____ **Deposit Amount:** _____

Print this page and then Mail In along with your payment to the Central Office:

Pulaski Community School District

Attn: Kris Reed

PO Box 36

Pulaski, WI 54162

Please make checks Payable to "Pulaski Community School District Food Services"

****Reminder that lunch accounts are family/household accounts. All students in the same family will utilize ONE account. Please make deposits accordingly.**