

## Fredon Elementary School Food Service PAYMENT FORM

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom or Teacher \_\_\_\_\_ Date \_\_\_\_\_

Check Amount \_\_\_\_\_ Check # \_\_\_\_\_

*Please make check payable to Fredon Elementary School*

Please put student's name and Homeroom teachers name on Envelope and on the Memo section on check.  
One student per envelope/form.

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 *Maschio's Food Services, Inc.*

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