

# Tolland School Food Service PAYMENT FORM

Check Box:       Meals Only                       Meals and A La Carte

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

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

Cash Amount \_\_\_\_\_ or Check Amount \_\_\_\_\_ Check # \_\_\_\_\_

*Please make check payable to Tolland School Lunch*  
Please put student's name on the check. One student per form.

**THANK YOU**