

Pre-Paid Meal Account Payment

Please Print Clearly

School: _____ Date ____/____/____

Student Name: _____ Student #: _____ Amount: _____

Student Name: _____ Student #: _____ Amount: _____

Student Name: _____ Student #: _____ Amount: _____

Student Name: _____ Student #: _____ Amount: _____

Please make checks payable to **Irvine Unified School District** and write your student's name or ID # on the check.
Seal the enveloped and return to School Office or Cafeteria Manager. One school per envelope, please!