

USJ STUDENT CAFETERIA DEBIT ACCOUNT

Use this form the first time you put money on your child's cafeteria debit card.

STUDENT _____

GRADE _____ TEACHER _____

AMOUNT OF CHECK \$ _____

DAILY SPENDING LIMIT, IF ANY _____

FOOD ALLERGIES? _____

Please attach your check to this form and send both to your student's first-period teacher or school secretary.