

**MEAL PAYMENT OFFICIAL DEPOSIT SLIP**

Students Legal Name (Last, First) \_\_\_\_\_

**\*\*\*PLEASE MAKE CHECKS PAYABLE TO\*\*\*  
CASTLE HIGH SCHOOL  
45-386 Kaneohe Bay Drive  
Kaneohe, HI 96744  
ATTENTION: MEALTRACKER**

Payment Amount \$ \_\_\_\_\_ Cash ( ) or Check# \_\_\_\_\_



Parent/Guardian Name \_\_\_\_\_ Contact#: \_\_\_\_\_

**NOTICE: The Department of Education shall assess and collect a service charge of \$25.00 for any dishonored (bad) check in accordance with Chapter 40-35.5 H.R.S.**

CHS Staff Use Only ..... Received and entered by: \_\_\_\_\_ Date: \_\_\_\_\_

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