

**DEL MAR UNION SCHOOL DISTRICT
CHILD NUTRITION SERVICES**

225 9TH STREET
DEL MAR, CA 92014
(858) 523-6170

MILK PROGRAM PAYMENT FORM

Instructions: Please complete and return the following form to the address above,
Attention: Child Nutrition Services. Please make checks payable to DMUSD.

Student's Name: _____

School: _____ Teacher: _____

Parent's Name: _____

Phone: _____ E-mail Address: _____

Mailing Address: _____

Term	Amount	Date Due
<input type="checkbox"/> First Semester Milk Account	\$45.00	September 7, 2007
<input type="checkbox"/> Second Semester Milk Account	\$45.00	January 25, 2008
<input type="checkbox"/> Annual Milk Account	\$90.00	September 7, 2007

Check Enclosed for \$ _____

MILK IS INCLUDED WITH PRE-PAID LUNCHES