

**DEL MAR UNION SCHOOL DISTRICT  
CHILD NUTRITION SERVICES  
11232 EL CAMINO REAL  
SAN DIEGO, CA 92130  
(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: \_\_\_\_\_

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<u>Term</u>	<u>Amount</u>	<u>Due Date</u>
<input type="checkbox"/> Annual Milk Account	\$90.00	September 2, 2011
<input type="checkbox"/> First Semester Milk Account	\$45.00	September 2, 2011
<input type="checkbox"/> Second Semester Milk Account	\$45.00	January 12, 2012

Check Enclosed for \$ \_\_\_\_\_

**MILK IS INCLUDED WITH PRE-PAID LUNCHES  
1% PLAIN MILK OR FAT FREE CHOCOLATE**

USDA AND DMUSD ARE EQUAL OPPORTUNITY PROVIDERS AND EMPLOYERS