BOYERTOWN AREA SCHOOL DISTRICT – STUDENT DEPOSITS

USE FOR STUDENT PAYMENTS. PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS. *FORM MUST BE COMPLETE & CASH/CHECKS ATTACHED --- IF NO ACCOUNT NUMBER INCLUDED, FORM WILL BE RETURNED* Submitter's Name: School or Building: Is this for a Student Activities Account? YES or NO (If yes, send deposit to Carrie Fox. If no, send deposit to Lisa Wagner) Group/Club/Department (or Student Activity): Purpose of deposit: *DEPOSIT ACCOUNT NUMBER: _____ STUDENT STUDENT - FIRST NAME STUDENT - LAST NAME PARENT(S) NAME(S) NUMBER ID **AMOUNT AMOUNT** TOTAL

DOSINESS OFFICE RECEIVED DT:	BUSINESS OFFICE RECEIVED BY:	RECEIVED DATE:
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TOTAL CASH

CHECKS