

Foodservice Order Form
Aquinas Elementary School - 2020/21 School Year

Family Name: _____

Date: _____

Student #1 Name: _____ <hr/> School: <u>Blessed Sacrament</u> <input type="checkbox"/> <u>Cathedral</u> <input type="checkbox"/> <u>St. Pat's</u> <input type="checkbox"/> Amount to be applied: _____	Student #2 Name: _____ <hr/> School: <u>Blessed Sacrament</u> <input type="checkbox"/> <u>Cathedral</u> <input type="checkbox"/> <u>St. Pat's</u> <input type="checkbox"/> Amount to be applied: _____
Student #3 Name: _____ <hr/> School: <u>Blessed Sacrament</u> <input type="checkbox"/> <u>Cathedral</u> <input type="checkbox"/> <u>St. Pat's</u> <input type="checkbox"/> Amount to be applied: _____	Student #4 Name: _____ <hr/> School: <u>Blessed Sacrament</u> <input type="checkbox"/> <u>Cathedral</u> <input type="checkbox"/> <u>St. Pat's</u> <input type="checkbox"/> Amount to be applied: _____

TOTAL ENCLOSED

Student #1	<input type="text"/>
Student #2	<input type="text"/>
Student #3	<input type="text"/>
Student #4	<input type="text"/>
Total Deposit :	<input type="text"/>

Pay by ACH on the 5th of _____ <hr/> Sign here to pay amount due for each child listed above. The amount will be taken from your ACH on the 5th of every month. ** _____ Signature/Date
Check#: _____ * Cash: _____

*Make all checks payable to Aquinas Catholic Schools (ACS)
 **ACH form must be received by the 30th of previous month to run.
 ***Please note: Extended care and field trips must be on separate checks.