

CALEDONIA MUMFORD CENTRAL SCHOOL FOOD SERVICE ACCT. DEPOSIT FORM

STUDENT NAME: _____

HOME PHONE #: _____ **SCHOOL:** _____

STUDENT ID #

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AMOUNT TO BE PLACED ON ACCOUNT:

CASH

CHECK-Include Student ID # on Check.
Make payable to Cal- Mum School Food Service Dept.

***Additional Comments:** _____

Please mail in or return to the:

Caledonia Mumford School Food Service Department
99 North Street
Caledonia , NY 14423

For Questions please call the School Food Service Office at 538-3462

***Please note any Food Allergies here. Or put special instructions on your child's account.**

For Example: Only allowed one snack a day.
\$2.00 per day spending limit.
Money to be used for full meals only, not ala carte item
Allergic to Peanuts

Elementary lunch price \$1.35 MS/HS 6-12 \$1.60 per day
Reduced Price Lunches \$.25