



2018-2019

St. Columbkille Elementary

Please PRINT and return this form with a check payable to

## Holy Family Catholic Schools

on or before July 26th

(We do need a separate check per school site)

Parent/Guardian Name(s):		Holy Family ID or Family Code	
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	Cost	Quantity	Total (Cost X Quantity)
Memory Book	\$15		

<b>Parent Association Dues</b> -Dues will cover the P.A. budget for the year; your Christmas gift and Staff Appreciation donation to teacher/staff for the year; and the articles like paper towels, wipes, baggies, tissues, etc. that were taken off the student supply lists.	\$35.00
<b>18/19 Meal Costs ( Lunch \$2.75, Breakfast \$1.75, Milk \$.60)</b>	
Student First & Last Name _____ Amount \$ _____	
Student First & Last Name _____ Amount \$ _____	
Student First & Last Name _____ Amount \$ _____	
Student First & Last Name _____ Amount \$ _____	
<b>TOTAL MEAL</b>	
<b>Check Number</b>	<b>St Columbkille Family Total</b>