



**2018-2019
Holy Ghost 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 (if known)	
Item	Cost	Instruction	Amount/ Quantity
Memory Book	\$10	<i>Enter quantity</i>	
Parent Association Dues	\$10	<i>Enter amount</i>	
2018-2019 Meal Prices: Lunch \$2.75, Breakfast \$1.75, Milk \$.60)			
Student First & Last Name _____ Amount \$ _____			
Student First & Last Name _____ Amount \$ _____			
Student First & Last Name _____ Amount \$ _____			
Student First & Last Name _____ Amount \$ _____			
Meal Total			
Check Number: _____	Holy Ghost Total		