



2020-2021

St. Columbkille Elementary

Please PRINT and return this form with a check payable to

**Holy Family Catholic Schools**

on or before August 7th

(We do need a separate check per school site)

|                          |  |                               |  |
|--------------------------|--|-------------------------------|--|
| Parent/Guardian Name(s): |  | Holy Family ID or Family Code |  |
|--------------------------|--|-------------------------------|--|

|   | Cost                               | Quantity | Total<br>(Cost X Quantity) |
|---|------------------------------------|----------|----------------------------|
| Memory Book   | \$15                               |          |                            |
| Parent Association Dues ( <u>per child</u> )  | \$35                               |          |                            |
| Dues cover: P.A. budget for the year(\$5),Christmas gift to all staff (\$15), Staff Appreciation (\$5), Articles taken off supply list (paper towel, wipes tissues, etc) (\$10) |                                    |          |                            |
| <b>20/21 Meal Costs ( Lunch \$2.85, 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>   |                                    |          |                            |
| Check Number  | <b>St Columbkille Family Total</b> |          |                            |