

# RCS Meal Plan Prepayment Form

Please complete and print the form, then submit it with your prepayment for the RCS Meal Plan. Please complete **one form for each child** and return each form with **one check for each child** made out to: "RCS School Lunch Fund." Thank you. If you have any questions, contact the food services department at 756-5200, ext. 2037.

Your Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's School (Middle School, High School, etc)\_\_\_\_\_

Prepayment amount \_\_\_\_\_

Check number \_\_\_\_\_

Your contact phone number \_\_\_\_\_