

Friends School of Baltimore
Cafeteria Declining Balance Form

Child's Name: _____ Grade: _____ Student ID# : _____

Child's Name: _____ Grade: _____ Student ID# : _____

Child's Name: _____ Grade: _____ Student ID# : _____

Email: _____

Daytime Phone#: _____

Home Address: _____

Middle School and Upper School Students

Please apply the check enclosed \$ _____ to my child's declining balance account (\$100 minimum to start). I understand that I will be responsible for maintaining a \$25 minimum balance in this account.

Lower School Students

Please apply the check enclosed \$ _____ to my child's declining balance account. The amount will cover the number of Lunches selected for the given month.

A \$25 fee will be charged for returned checks, after two (2) returned checks we will no longer be able to accept a check, only cash or money orders.

Make checks payable to "Friends School"
Indicate on the check the purpose of your deposit and your child's name.

Mail this form and check to:
Friends School Business Office
5114 North Charles Street
Baltimore, MD 21210