

**STUDENT DEPOSIT FORM TO BE RETURNED WITH ADVANCED PAYMENT**

Student Name \_\_\_\_\_ PIN# \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Cash Amount \_\_\_\_\_ Check Amount \_\_\_\_\_ Check # \_\_\_\_\_

Charge Amount \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_