

Aina Haina Elementary School

PrimerEdge Deposit

Deposit to the account of: _____ (Legal Name)

Depositing for a: (circle one) Student / Parent / Staff

(If Student, Grade _____, Parent/Guardian Name _____)

Amount: \$_____ Date: _____

CASH OR CHECK & Check # _____

(Payable to Department of Education)

For Office Use Only: Date: _____ Initials _____

This institution is an equal opportunity provider

-----CUT HERE-----

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