

**Aina Haina Elementary School
eTritition 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)

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

For Office Use Only: Date: _____ Initials _____

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

**Aina Haina Elementary School
eTritition 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)

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

For Office Use Only: Date: _____ Initials _____

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

**Aina Haina Elementary School
eTritition 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)

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

For Office Use Only: Date: _____ Initials _____