Aina Haina Elementary School eTrition Deposit

Deposit to the accou	unt of:		(Legal Name)		
Depositing for a: (circ	cle one) Stud	ent / Parent / Staff			
(If Student, Grade	, Parent	/Guardian Name)		
Amount: \$		Date	_		
☐ CASH	OR	CHECK & Check #	t (Payable to Department of Educ	cation)	
	THIS	institution is an Equal C	OPPORTUNITY PROVIDER		
For Office Use Only:	Date:		Initials		
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		Aina Haina Elemei eTrition De	-		
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