



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

Student Name _____ Grade _____ Teacher Name _____ Amount _____

Student Name _____ Grade _____ Teacher Name _____ Amount _____

Student Name _____ Grade _____ Teacher Name _____ Amount _____

Student Name _____ Grade _____ Teacher Name _____ Amount _____

Parent of Guardian Name _____

Current Address _____

Current Email Address _____

Current Phone # _____ Work # _____ Cell # _____

Check Amount _____ Check # _____ (Please make check payable to: FBC/O)

When making payments for more than one student, **please note how much to be put on each account.** If you do not specify, funds will be distributed equally regardless of current balances.

Thank you for your participation in our Food Service Ministry Lunch Program.

Food Service Ministry
First Baptist Church of Orlando
3000 S. John Young Parkway
Orlando, FL 32805
407-514-4387