

‘Iolani School
Sodexo Food Services
808 943-2223

Sodexo Dining Account Payment

Student Name: _____ **Student ID #** _____

Parent/Guardian: _____ **Telephone:** _____

Amount: _____ **Date:** _____

e-mail address: _____

Notes: Please fill out separate form for each child in attendance and note the amount you wish to deposit into that students' account. You may include one check for total deposit for all family members. Make checks payable to Sodexo. Please return this form in a sealed envelope to the Food Service office, or mail to :

**Sodexo
563 Kamoku Street
Honolulu, HI 96826**

For Lower School Only (K-6):

Please initial this line should you want to restrict your child's lunch time purchases to Type A lunch only
