

‘Iolani School
Sodexo Food Services
808 943-2223

Sodexo Dining Account Payment

Student Name: _____ Student ID: _____ Amount: _____

Sibling Name: _____ Student ID: _____ Amount: _____

Sibling Name: _____ Student ID: _____ Amount: _____

Cash/Check Amount: _____ Check # _____ Total Amount: _____

Parent/Guardian Name: _____ Date: _____

Email Address: _____

NOTES: Please fill out the amount you wish to deposit into each student's account. You may include one check for the 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 (4-6):

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

Please initial this line if you want to restrict your child from after school purchases. (If not initialed, your child will be able to purchase after-school snacks)
