

SANTIAGO HILLS ELEMENTARY SCHOOL

Emergency Supplies Fee Payment Form

 Student Name (Last Name) First Name Teacher
 (If you have more than one child at Santiago Hills, please list them below)

 Parents' Names Home Phone Number Date

 Student name Student Name Student Name

<u>Item</u>	<u>Price</u>	<u>Total</u>
Emergency Supplies (food, water, students _____, command center, medical/first aid, search and rescue tools, utility shut-off tools, etc.)	\$5.00 X number of	

Grand Total \$ _____

Please include cash or check payable to **Santiago Hills PTA** for the total amount & staple it to this form. ***Thank You!***

If you have any questions regarding this form, please call Julie Kaplan at (714) 838-9513.

For office use only: Amt: _____ Paid by: cash _____ Check # _____ Date received _____ Rec'd by: _____