

# 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
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Student name	Student Name	Student Name
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<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: _____
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