

**Aina Haina Elementary School  
eTritition Deposit**

Deposit to the account of: \_\_\_\_\_ (Legal Name)

Depositing for a: (circle one) Student / Parent / Staff

(If Student, Grade \_\_\_\_\_, Parent/Guardian Name \_\_\_\_\_)

Amount: \$ \_\_\_\_\_ Date \_\_\_\_\_

CASH                      OR                       CHECK & Check # \_\_\_\_\_ (Payable to Department of Education)

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER

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**For Office Use Only:**    Date: \_\_\_\_\_                      Initials \_\_\_\_\_

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