



# WASHINGTON SCHOOL FOR THE DEAF

SERVING DEAF AND HARD OF HEARING CHILDREN  
THROUGHOUT THE STATE OF WASHINGTON

611 GRAND BLVD, S26  
VANCOUVER, WA 98661-4918  
(360)696-6525 / (800)613-4228  
www.wsd.wa.gov

## STUDENT ACCOUNT DEPOSIT FORM

Student Name: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_  
(Please make checks payable to WSD)

Payment Method:  
Check \_\_\_\_\_  
Cash \_\_\_\_\_  
Money Order \_\_\_\_\_

Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or Guardian)



(Do not write below - Business Office use only)

Amount Received: \$ \_\_\_\_\_

Date: \_\_\_\_\_

Received By: \_\_\_\_\_

Receipt: # \_\_\_\_\_