WEST GEAUGA LOCAL SCHOOLS
CHECK REGISTER
STUDENT ACTIVITY ACCOUNT

PAGE _____ OF _____

ACCOUNT NO.: _____

DATE: _____

RECEIPT # _____

Please Print Clearly

CHECKWRITER'S NAME	CHECK#	AMOUNT		CHECKWRITER'S NAME	CHECK #.	AMOUNT

This form must accompany Pay-In forms when checks are deposited.

CheckRegisterForm/StudentActivities