

CHECK-WRITING REINSTATEMENT APPLICATION

Lakeville Area Public Schools: Business Office – Finance

INSTRUCTIONS

1. Complete the application below - sign and date the application
2. Send the completed and signed application to the Controller
Lakeville Area Public Schools
Attn: Controller
8670 210th Street West
Lakeville, Minnesota 55044
Fax: 952-469-3951
3. After review, the Business Office will contact you with the results for your application

CONTACT INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: _____

STUDENT/S IN THE DISTRICT

List first and last name for student/s:

Check all Schools and/or Programs your student/s attend:

Elementary Schools:

- Cherry View
- Christina Huddleston
- Eastview
- John F. Kennedy
- Lake Marion
- Lakeview
- Oak Hills
- Orchard Lake

Middle Schools:

- Century
- Kenwood Trail
- McGuire

High Schools:

- Lakeville North
- Lakeville South

Other:

- Area Learning Center
- Community Education Building
- Crystal Lake Education Center

Signature: _____

Date: _____

* Approval of this application is subject to the review of your 36 month payment history in the District. The District will deny the application if the 36 month payment history includes returned checks or outstanding credit collections.