



# MINNESOTA NORTH STAR ACADEMY

*Preparing students who communicate in ASL and English to become successful and valued world citizens*

Name:

Month:

Date due to office:

Previous Balance:

# of days	
	x 3.95
	=
Total	

Please circle the days your student WILL be eating school lunch. If your child desires a salad on that day, please write "salad" next to the date. Attach check to this form and return to Ginger Thompson at the school office. If your child will not be eating lunch this month, please return the form with "none" written on it.

1	9	17	25
2	10	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	

*St. Paul Star Schools*