



Northshore
School District

STUDENT FINE SLIP

Student Name: _____ **Current Grade:** _____ **Date:** _____
Teacher Name: _____ **School:** _____ **Graduation Year:** _____

Following are the charges your child has incurred during the school year. Please submit the amount indicated to your child's teacher or school office. Make checks payable to Northshore School District.

MATH MANIPULATIVE COMPONENTS

CALCULATOR	lost	damaged	\$ _____
COMPASS	lost	damaged	\$ _____
MARKER BOARD	lost	damaged	\$ _____
RULER	lost	damaged	\$ _____
TEMPLATE	lost	damaged	\$ _____

TEXTBOOKS/WORKBOOKS

NAME OF BOOK: _____	lost	damaged	\$ _____
NAME OF BOOK: _____	lost	damaged	\$ _____

LIBRARY CHARGES

NAME OF BOOK: _____	lost	damaged	\$ _____
NAME OF BOOK: _____	lost	damaged	\$ _____

OTHER

_____			\$ _____
_____			\$ _____

NOTES

TOTAL AMOUNT OWED: \$ _____

Thank you for your early attention to this matter.