

St. Francis Area Schools

Nutrition Services

4111 Ambassador Boulevard NW, St. Francis MN 55070

763-753-7060 • www.isd15.org

Prepaid Meal Account Payment Envelope

Please print clearly

Student's First & Last Name _____

Grade _____ Key Pad Number _____

Payment Amount _____ Date _____

Please write additional students on back of envelope, if necessary

Please make check payable to: St. Francis Area Schools and **write student's name in the memo area of your check.**

Drop envelope with check in payment box. Payment boxes are available at each school's office.