



Saint John the Evangelist School

2621 McMenemy Street
Little Canada, MN 55117
(651) 484-3038 • FAX (651) 481-1355 • info_school@stjohnsoflc.org

Lunch Payment Form

Parent Name: _____

Date: _____

Child's Name: _____ Gr. _____ ID# _____ Amount Allocated: \$ _____

Child's Name: _____ Gr. _____ ID# _____ Amount Allocated: \$ _____

Child's Name: _____ Gr. _____ ID# _____ Amount Allocated: \$ _____

Child's Name: _____ Gr. _____ ID# _____ Amount Allocated: \$ _____

Lunch Ticket: \$3.00

Milk Ticket: \$0.40

Total Payment: \$ _____

Check Number: _____

Cash: _____

Office Use Only	
Entry Date:	
Entered By:	