



School Meal Program
School District of the Menomonie Area

Mail this envelope to:

Food Service Office
Menomonie High School
1715 5th Street West
Menomonie, WI 54751

Or return this envelope to:

Food Service Office *or* Elementary School Office
Middle or High School

Make Check Payable to SDMA

Amount Enclosed \$ _____ Cash ___ Check Family ID# _____

Date _____ Name of Payor as designated at district _____

Child(ren) served by these food service dollars:
