



# ISD 75 St. Clair Public School

121 Main Street West

PO Box 99

St. Clair, MN 56080-0099

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## Special Milk Request

Please complete this form if your child needs to receive lactose-free milk. Form must be turned into the St. Clair School Nutrition Department on an annual basis.

Student Name \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ Grade \_\_\_\_\_

I certify that the child named above is in need of lactose-free milk.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Return to: Ali Kollos  
Nutrition Service Director  
St. Clair School  
121 Main Street, PO Box 99  
St. Clair, MN 56080