

OUTSTANDING BALANCE LETTER

[MM/DD/Year]

[Parent/Guardian name(s)]

[Address]

[City, State, Zip code]

Dear [Name(s)],

The goal of **[Name of District]** is to provide healthy meals to students during the school day. In order to serve healthy, high-quality meals to all students, we must make sure that the program remains financially sound. You play a key role in this effort. As a parent, you are responsible for purchases made by **[Student's name]** in our school cafeteria.

As of **[Date]**, **[Student's name]** has a negative balance of **[\$X.XX]**. We ask that you pay this amount as soon as possible.

To review **[Name of District's]** Meal Charging policy, and the penalties for failing to pay back **[Student's name]** negative balance, please visit the District's website for board policies.

Please contact **[Title of school official]** if you have questions. If you think **[Student's name]** may qualify for free or reduced priced school meals, please see the next page.

Thank you for your payment.

Sincerely,

[Name]

[Title]

[Attachment: Free and Reduced Price School Meals Application]

cc: **[Name of Principal, Superintendent, etc., as appropriate]**

End of Starkweather Public School ABEC-E..... Adopted: January 10, 2024