

OUTSTANDING BALANCE LETTER

[MM/DD/Year]

[Parent/Guardian name(s)]

[Address]

[City, State, Zip code]

Dear [Name(s)],

The goal of McClusky Public School 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 McClusky Public School District's Meal Charging policy, and the penalties for failing to pay back **[Student's name]** negative balance, please see the attached policy or visit District website.

Please contact Dale Ekstrom, Superintendent if you have questions. If you think **[Student's name]** may qualify for free or reduced price school meals, please see the next page.

Thank you for your payment.

Sincerely,

[Name]

[Title]

Attachment: Free and Reduced Price School Meals Application

cc: Dale Ekstrom, Superintendent

End of McClusky School District #19 Exhibit IB-E4 Approved: August 8, 2017

[04/17]