

PALO ALTO UNIFIED SCHOOL DISTRICT

Student Nutrition Services

INFORMATION ON SCHOOL MEALS

INFORMACIÓN SOBRE COMIDAS ESCOLARES

2007-08

PALO ALTO UNIFIED SCHOOL DISTRICT

STUDENT NUTRITION SERVICES

25 Churchill Avenue, Palo Alto, CA 94306
Telephone (650) 329-3708 FAX: (650) 326-3809

Dear PAUSD Parents:

We are pleased to announce that we are upgrading our Meal Magic point-of-sale system in our school cafeterias. Many of the improvements to the system will now include a more efficient way for parents to pay for school meals with added security. Parents interested in participating in our lunch program will now have the option to choose **one** of the following methods of payment for meal purchases:

Method of Payment:

- **Meal Card -Account Payment**
- **Cash Payment**

Meal Card -Account Payment

This option is for parents who wish to pay for school meals without sending cash to school. You will need to create an online account at www.LunchDeposit.com. Instructions on how to create an online account are enclosed under the Set & User Guide page.

Your child will be given an "account" into which you may view account history and also make deposits at any time. We will provide your child with a Meal Card that functions as the account's debit card. This card will allow your child to pay for school meals or snacks. Middle and high schools students will not be issued a Meal Card, but a Personal Identification Number (PIN).

Cash Payment

This option is for parents who wish to pay for school meals with cash. You will need to send your child with cash every time he/she is having a school meal. Please ensure that your child brings cash to the lunch line since he/she will not be issued a Meal Card.

It is important for you to remember that only students with cash or Meal Cards with funds will be issued a school meal. Please check your child's lunch status periodically. Student Nutrition Services shall make efforts to contact parents when their child's account balance is at \$15.00. This will allow parents to deposit funds in a timely manner and prevent having a negative balance account.

If you choose to participate in our lunch program, please read and sign the Parental Consent for Participation in the Student Nutrition Services Lunch Program and return it to:

Student Nutrition Services
25 Churchill Avenue
Palo Alto, CA 94306.

We are confident that you will find this upgrade in our system to be exciting and convenient.

Sincerely,

KATHY DURKIN
MANAGER AUXILIARY SERVICES
Student Nutrition Services

June 27, 2007

**Parental Consent for Participation in the
Student Nutrition Services Lunch Program**

(Student Name)

(Parent / Guardian)

(School Name)

Meal Card -Account Payment

[] **Yes** I will allow **my student** to participate in the PAUSD lunch program, I authorize PAUSD Student Nutrition Services to issue him/her a Meal Card for meal purchases.

Cash Payment

[] **No** I do **not** grant permission for **my student** to participate in the PAUSD lunch program. I do **not** authorize PAUSD Student Nutrition Services to issue him/her a meal card for meal purchases. I understand that my child will need to bring cash whenever choosing to participate in the lunch program.

I understand the nature of the school lunch program in which my student will be participating and that he/she is expected to bring a Meal Card or cash to the lunch line when purchasing school meals.

I understand that efforts shall be made to contact me when my student's account balance is at \$15.00. This will ensure that I can deposit funds in my student's account in a timely manner to prevent having a negative balance in the account. **Students with a negative balance will not be allowed to purchase lunch until funds have been deposited in the account.**

I agree that I will be responsible to pay all charges incurred by my child on his/her lunch account and understand that Student Nutrition Services will not be held liable for those charges.

Signature of _____
Parent / Guardian

Date: _____