



# LAUREL SCHOOL DISTRICT



***“Come back with your shield or on it!”***

2497 Harlansburg Rd. New Castle, PA 16101 Phone (724) 658-8940 \* Fax (724) 658-2992

[laurelspartans.com](http://laurelspartans.com)

---

May 22, 2023

Parents & Guardians of the Laurel School District:

All negative cafeteria balances need to be paid in full by June 09, 2023 . The cafeteria is not permitted by Federal law to carry over negative balances into the following school year.

As per District policy #808:

Collection of Unpaid Meal Charges

If a student account remains negative beyond the last day of school in a school year, the district may employ the services of a collection agency to recoup the unpaid meal charges, including the addition of applicable fees.

To avoid additional fees, please ensure that your student’s cafeteria account is not negative at the end of the school year.

Additionally, if you would like to request a refund or a transfer of those funds, please use the attached form for that request.

Thank you for your consideration in this matter.

Carrie Bonyak

Director of Food & Nutrition

Laurel School District



# LAUREL SCHOOL DISTRICT



*"Come back with your shield or on it!"*

2497 Harlansburg Rd. New Castle, PA 16101 Phone (724) 658-8940 \* Fax (724) 658-2992

[laurelspartans.com](http://laurelspartans.com)

## Student Transfer and Graduation School Cafeteria Accounts

Directions: Please check the appropriate box and complete the applicable information.  
(\* \*\* Please note: Accounts with remaining funds of \$5.00 or less will only be refunded in cash at the cafeteria upon the last day, transferred to another student account above, or will be considered a donation.)

- My child is transferring from Laurel School District. Please refund the remaining cafeteria account balance.
- My child is graduating. Please refund the remaining cafeteria account balance.
- My child is graduating. Please transfer the remaining balance to another account.
- My child is transferring or graduating. Please donate the remaining balance to the account to assist with negative meal account balances.

Please make refund check payable to:

First Name	Last Name	Child's Name	Grade
------------	-----------	--------------	-------

Address

OR

Please transfer account balance from: \_\_\_\_\_

Child's name	Grade
--------------	-------

To: \_\_\_\_\_

Child's name	Grade
--------------	-------

Parent/guardian signature

Date

Please return form to: Address above; attention Carrie Bonyak, Food Service Director