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[Exhibit - Notification of Insufficient Meal Account Balance](#)

Notification of Insufficient Meal Account Balance

The *meal account* of _____ (*student's name*) has been exhausted, and he or she has been granted a grace period to continue to charge school meals for up to 10 school days. [See CO(LOCAL) for the grace period established by the Board.] During this grace period, no fees or interest will be applied and the student **will not** be allowed to charge à la carte items or extra items. If money is not added by the end of the grace period (10 days) to the student's meal account to pay for the meals incurred during the grace period, the student will be served a substitute meal by the food service staff. If you are unable to pay the entire balance due by the end of the grace period, the District will accept _____ (*number*) of equal payments over _____ (*weeks*).

(Please print.)

Student's name: _____

Grade: _____

Date the meal card or account became insufficient in funds: _____

Full amount due: _____

Due date: _____

or

Amount Due	Percentage of Total	Due Date

Please return payment to the following District personnel:

SFDRCID Food Service Department
Raymond Haynes Administrative Complex
900 Cantu Rd.
Del Rio, Texas 78840
(830) 778-4187