**First Notice / Second Notice**

[School Letterhead]

[Date]

[Parent/Guardian Name]  
[Address]  
[City, State, ZIP Code]

Student Name(s):   
Deficit Amount Due:   
Deficit as of Date:

Dear [Parent/Guardian Name],

This letter is to notify you that your child’s school meal account has a deficit that requires immediate attention. Our school has documented several attempts to contact you to resolve this unpaid meal balance.

Unresolved meal account deficits present a financial strain on our school as we are required to cover these costs if they remain unpaid. To address this matter, we ask that you please make full payment to your child’s meal account immediately. You may make this payment to the school directly with cash or check, or online via Skyward Family Access with your parent log in and password. You may also make a credit card payment over the phone at 801-567-8757.

Failure to reconcile your debt will result in this matter being referred to a collection agency to recover the outstanding account balance, as well as all related collection fees.

Free and Reduced meal applications are available in paper form at your school or online through the Nutrition Services Website or Skyward Family Access. Families are required to fill out an application each year to qualify and may fill out another application during the school year if their income or family size changes.

Thank you for your immediate attention to this important matter.

Sincerely,

School Name Administration