

## **POST FALLS SCHOOL DISTRICT NO. 273**

Series 500: Student Policy: Welfare

Policy No. 505.7a

Policy Title: District Wellness Policy Procedures

All students at the Post Falls School District have access to breakfast and lunch on school days through the U.S. Department of Agriculture (USDA) Child Nutrition Program. Students certified for free school meals do not pay for their meals. Students certified for reduced-price meals can be charged a maximum of 30 cents for breakfast and 40 cents for lunch. Those who are not certified for free or reduced-price school meals will be charged for each meal, per the price schedule below. **Families must complete an application to be eligible for free or reduced-price meals. This form can be completed online or at school.**

Students will not be turned away for a meal. If insufficient funds on the student account exist, the parent(s) or guardian(s) will be responsible to pay the charges. If charges are not paid, a legally liable debt in the parent's or guardian's name will accrue. The parent(s) or guardian(s) may arrange a payment plan. Any balance of \$100 or more will be considered delinquent. Delinquent charges will be dealt with per the procedures below.

**Parents or guardians who do not wish for their child to accrue unwanted meal debt in their name must fill out the attached form. If a student has a form on file, the student will be notified by staff that their parent or guardian has not allowed the student to be served.**

Procedures for collection of meal debt:

- Notify legal guardian(s) listed on the student record
  - Two times via email
  - Two times via phone
  - One time via US mail
- If there is no response, payment or adherence to the payment plan, the debt will be turned over to a collection agency after 45 days.

Adopted: 7/10/23

Amended:

Reviewed:

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Form to Opt out of Paid School Meals

School: \_\_\_\_\_

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent/legal guardian Name: \_\_\_\_\_

I do not authorize the Post Falls School District to provide my student paid meals or accrue any lunch debt in my name. If my student requests a paid meal, he/she will be informed that their parent or guardian does not allow them to receive a school meal.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date