

North Andover School Lunch Program

August 27, 2008

Dear Parent,

The School Lunch Program has implemented a POS Debit System at your child's school. This system eliminates the need to give your child school lunch money on a daily basis. Rather, you would send in a check payable to the North Andover School Lunch Program for any denomination you choose. Once the account is established we will email a four-digit Pin number to you for your child to use when he or she makes a purchase. Pin Numbers are used at each school. If you do not have an email address your child can ask for his or her Pin Number at any of the cash registers. You will receive a monthly statement at the end of each month detailing the spending and the remaining balance. You will need to ensure that the account is sufficiently funded at all times. The statement will include the actual meals that your child has purchased. This report will help you discuss healthy meal options with your child. **This is an optional program; you may still send money with your child on a daily basis if you wish. You may enroll in this program at any time throughout the year.**

Your Steps:

1. Fill out the attached form:

a) Return it to the school lunch office

b) Mail it to: North Andover School Lunch Program,
430 Osgood Street
North Andover, MA 01845

Attention: POS System.

2. Include a check with the initial amount to open the account **payable to the: North Andover School Lunch Program**. Statements will be emailed to you on a monthly basis with an account update. Please allow three days for the debit account to be established. You will receive an email as to when the account is available for debit purchases. In the interim, you must still send money with your child for lunches.

*A suggested initial amount to deposit is \$150.00. You can replenish the account at any time. If you have not provided us with an email address we will notify you by direct mail.

If you have any questions with this new system, please do not hesitate to contact Maryann Cummings, POS System Coordinator at (978) 794-1895, ext. 4.

Sincerely,

Erika F. Murphy, Director of Food Services

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POS SYSTEM

Student Name: _____

School: _____

Grade: _____

Parent Name (s): _____

Billing Address: _____

Home/Cell Telephone # _____

Email Address: _____

Amount of Deposit: _____

Check #: _____

Parent Signature: _____

(By signing this form you agree to keep your child's debit account in good standing throughout the school year. A service fee will be charged to those accounts that remain negative after receiving sufficient notification regarding account status)

