

SOUTH BRUNSWICK TOWNSHIP PUBLIC SCHOOLS

Scott Feder
Superintendent of Schools



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David Pawlowski
Business Administrator/ Board Secretary

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Assistant Superintendent for Human Resources

To: All Parents/Guardians

From: David E. Pawlowski, School Business Administrator/Board Secretary

Re: Lunch Account Balances

As a reminder, if your student is moving to another school district, please review your student's lunch account balance prior to moving to determine whether or not you have monies remaining which may require you to submit a refund request. (Please note that parents of graduating students with other children remaining in the school district may request a transfer of lunch balances to their other child's account.)

Likewise, you may owe the school district money for lunches that remain unpaid, which could result in the withholding of report cards and/or other important paperwork you may need.

If your student is moving to another school district and you are owed a refund, please complete the attached refund request form.

This process could take up to 3-4 weeks to obtain the proper approval from the Board of Education. (Please note that any remaining balance in the account of students continuing in South Brunswick will be carried over to the following school year.)

For all students continuing, if you have a balance due on your account, we ask that you arrange for payment using the District's online service www.Myschoolbucks.com or by mailing a check payable to South Brunswick Board of Education to the address above. Thank you for your cooperation with helping us to resolve all lunch account balance.

David Pawlowski
South Brunswick Township School District
Business Administrator

**South Brunswick School District
Request for Lunch Account Balance Refund or Transfer
(ONE PER CHILD)**

If your child is moving from the School District or graduating and you are requesting a refund, please complete and return to the address below. Checks can take up to 3-4 weeks to be issued:

Student name: _____

Student ID#: _____

School of Attendance: _____

Reimbursement check payable to: _____

Check mailing address:

If your student is graduating and you would like the remaining lunch balance funds transferred to a sibling, please provide the following:

Name of graduating student: _____

Graduating student ID number: _____

Name of sibling: _____

ID number of sibling: _____

School of Attendance: _____

Please mail and/or email this form to:

Email - Maureen.Cahill@compass-usa.com

Mail - Chartwells Dining Services
c/o South Brunswick High School
750 Ridge Road
Monmouth Junction, NJ 08852

Office Use Only:

Refund in the amount of: \$ _____

VENDOR ID# _____

PO# _____