

Gateway Regional High School District

775 Tanyard Road
Woodbury Heights, New Jersey 08096-6218

Steven M. Hindman
Principal
(856) 848-8200 x 210

Kristy L. Green
High School Vice Principal
(856) 848-8200 x 211



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Middle School Vice Principal
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Carol S. O'Connell
Director of Guidance
(856) 848-8104

September, 2009

Dear Parents/Guardians:

This letter is to advise you that the price of lunch is \$2.50 (reduced lunch is .40) at Gateway Regional High School District's cafeteria. We are again offering an optional internet-based service called Café Prepay that allows you to prepay your child's school lunch via the Internet by using your Visa, MasterCard, Discover or American Express. **This feature has a service charge attached.** Information is provided at cafeprepay.com. Café Prepay enables parents/guardians to monitor their child's account balance at no additional cost.

To get started, you must first enroll at cafeprepay.com. You will be asked to enter your email address and a password, which will be used each time you log in. Please note that a valid email address is required and that Café Prepay stores any necessary personal information in a secure, offline database which is accessed only to process payments and send payment confirmations via email.

Please visit pay4lunch.com/faq.aspx for more information. If you have questions that are not answered on the website, we encourage you to use the "contact" link at cafeprepay.com or contact Tina Stiles at the school lunch office at 848-8200 extension 237.

We hope you find this service a convenient alternative. Participation in this service is voluntary and you may enroll at any time. All other means of paying for school lunches will continue to be available. When sending in a check, please make sure your child's complete name and lunch pin number are included to assist in posting payment to your account.

Sincerely,

Tina Stiles
Director of Food Service
856-848-8200 Extension 237

STUDENT DEPOSIT FORM TO BE RETURNED WITH ADVANCED PAYMENT

Student Name _____ PIN# _____ Grade _____

Parent or Guardian Name _____

Cash Amount _____ Check Amount _____ Check # _____

(Please make check payable to: Gateway Regional School District)

(Please make sure your child's complete name and PIN # are on the check)

(Please return this form and your check to: Mrs. Stiles, Cafeteria)

Please provide an e-mail address to receive low account balance notifications:
