

THE PIGGOTT SCHOOL

A Church of England Academy

Head Teacher Mr D J Gray MA, NPQH



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September 21

Dear Parent/Carer

Re: Catering Account Credit Balance

It has been brought to my attention that there remains a credit balance on your child's catering account. I am writing to ask for your guidance with regards to how you wish to terminate this account and clear the balance.

Please find attached a document outlining this process and asking for your written guidance regarding the arrangements for the balance. The process offers three options to parents/carers. You may choose to request a refund via ParentPay, transfer the funds to a sibling account or donate the remaining balance to the school.

I would be grateful for a prompt response so that we are able to fulfil your wishes regarding the monies. Please return the attached form via email to finance@piggottschool.org. We politely request that this is returned by **Friday 10th September 2021**.

Thank you for your help with this matter.

Yours sincerely

Poonam Bhardwaj
Finance Officer



*The Piggott Church of England School is a company limited by guarantee
Registered in England and Wales, registration number 7682284
The Piggott Church of England School is an exempt charity.*



The Piggott School - Catering Account Credit Balance

Any credit balance value will be finalised on 10th September 2021 and the request forwarded to Aspens (our catering company) for payment. If we do not hear from you by 10th September 2021, the balance will be donated to the Piggott School. Please email the completed form to finance@piggottschool.org by 10th September 2021

Thank you.

Student's Full Name: _____ Tutor Group: _____

Please select the appropriate refund request – and complete the appropriate details below:

<input type="checkbox"/>	Refund of credit balance to Parent/Carer
<input type="checkbox"/>	Transfer funds to sibling's account
<input type="checkbox"/>	Donate any credit balance to The Piggott School

Transfer of Balance to Sibling:

Sibling Full Name: _____

Tutor Group: _____

Refund to Parent:

Parent/Payee Name: _____

Address: _____

Parent/Carer Name: _____ Signature: _____

Date: _____