

WEST SHORE SCHOOL DISTRICT
Meal Account Balance Refund or Transfer Request

Please complete the information below, sign, and return to the Food Services Department by June 20 of the current school year. For answers to specific questions, please call 717-938-9577 for assistance.

Refunds from student meal accounts will be granted when a student's balance exceeds \$4.00 and the student is graduating, leaving the District, or a special circumstance necessitates the refund. To request reimbursement or a transfer of funds, complete the requested information below and return this form by June 20 of the current school year.

After June 20, unclaimed account balances and meal accounts with a balance of \$4.00 or less, will be anonymously donated to families in need of assistance with their student meal account(s).

Please note, at the end of the school year, any funds remaining in a student's meal account will be automatically carried over to the following school year. Additionally, students moving to a different school in the district will have their account balance transferred to that school.

Student Name: _____ School: _____
Student ID#: _____ Balance: _____

Choose One:

- I am requesting the balance in the above named student's meal account be refunded to me.
- Make check payable to: _____
Mail to check to: _____

- I am requesting the balance in the above named student's meal account be transferred to the following child's meal account:

Student Name: _____
School: _____ Student ID#: _____
- I am requesting the balance in the above named student's meal account be donated to assist District families in need.

Reason for Refund:

- Student has graduated. Student has withdrawn from the West Shore School District.
 Other: _____

Printed Name of Parent/Guardian

Phone Number

Parent/Guardian Signature

Date