



WEST SHORE SCHOOL DISTRICT
Meal Account Balance Refund or Transfer Request

*Please complete the information below, sign, and return to the Food Services Department.
For answers to specific questions, please call 938-9577, ext. 222 for assistance.*

Positive balances for underclassmen will be automatically carried over to the next school year. Refunds from student meal accounts are granted when a student graduates, leaves the District, or a special circumstance necessitates the refund. For students with a balance of more than \$2.00 in his/her meal account, please indicate your choice for these funds below. Please note, balances of \$2.00 or less will be anonymously donated to families in need of assistance with meal accounts.

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☐ Student has withdrawn from the West Shore School District.

☐ Student has graduated.

☐ Other: _____

Printed Name of Parent/Guardian

Phone Number

Parent/Guardian Signature

Date