

Spring Grove Area School District

Meal Account Balance Refund or Transfer Request Form

Please complete the information below, sign and return to the Nutrition Services Department. For answers to specific questions, please call (717) 225-4731 ext. 3025 for assistance.

Refunds from student meal accounts will be granted when a student is graduating, leaving the district or experiencing special circumstances. To request a refund or transfer of funds, complete the information below and return. You may also consider donating the funds; they will be applied to accounts of students experiencing difficult financial situations. Keep a copy for your records.

Please note any positive balances will remain on that student's account for the next school year.

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: _____

I am requesting the balance in the above named student's meal account be transferred to the siblings of the student. Student(s) Name(s): _____

I am requesting the balance in the above named student's meal account be donated to assist District families in need.

Printed Name of Parent/Guardian

Phone Number

Parent/Guardian Signature

Date

Return the completed form electronically to reitmeyt@sgasd.org OR return hard copy via mail to:

Spring Grove Area School District
Nutrition Services
100 East College Ave.
Spring Grove, PA 17362