

FAIRFIELD PUBLIC SCHOOLS

**FOOD AND NUTRITION SERVICES
501 KINGS HIGHWAY EAST, SUITE 210
FAIRFIELD, CT 06825
(203) 255-8370**

FUNDS TRANSFER OR REFUND REQUEST FOR SCHOOL MEAL ACCOUNT BALANCE

MEAL ACCOUNT BALANCE TRANSFER REQUEST

Please transfer school meal account balances as specified below:

Child's Name: _____ School: _____ Amount \$: _____ **or Full balance**

To the account of: _____ School: _____ Amount \$: _____

To the account of: _____ School: _____ Amount \$: _____

To the account of: _____ School: _____ Amount \$: _____

Contact Name: _____ Phone No. _____

MEAL ACCOUNT BALANCE REFUND REQUEST

Please refund the balance of my child(ren)'s school meal account:

Child's Name: _____ School: _____ Amount \$: _____

Child's Name: _____ School: _____ Amount \$: _____

Child's Name: _____ School: _____ Amount \$: _____

Total Refund Amount \$: _____

Please make check payable to: _____

Mail to: _____

Contact Name: _____ Phone No. _____

Please Note: The processing of school meal account transfer/refund requests (depending on the time of year) may take several weeks, and will only be processed during the school year. Please ensure your child(ren)'s school lunch account(s) have the appropriate funds available for meal and/or ala carte purchases. Thank you for your patience.