

Cafeteria Account Transfer/Refund/Donation Form

Student Information:

Name _____

School _____

Please indicate which option you would like to use to disburse the balance of your student(s) meal account:

(1) TRANSFER to student(s) within Carroll County Public Schools

1. Name _____ School _____ Amount _____

2. Name _____ School _____ Amount _____

3. Name _____ School _____ Amount _____

(2) REFUND CHECK (Please allow 3-4 weeks for processing. Checks will be mailed to address provided)

Parent/Legal Guardian (made payable to) _____

Address _____

City _____ State _____ Zip _____

Phone _____

(3) DONATE to a general meals fund to benefit students in need within Carroll County Public Schools

- Please donate the balance of my student's account to the general school lunch fund to assist students in need.

Signature _____

Phone Number to contact you if we have any questions _____

Date _____

Mail to: Carroll County Public Schools Food Services
125 N. Court Street Westminster, MD 21157
Questions 410-751-3040