

LAMPETER-STRASBURG SCHOOL DISTRICT

1600 Book Road
P. O. Box 428
Lampeter, PA 17537

LUNCH ACCOUNT REFUND APPLICATION

*Please select one of the options for lunch refunds.

Student(s) Name: _____

Building: _____

() I prefer to donate the account balance for the benefit of other students in the Lampeter-Strasburg School District.

() Transfer the account balance to the student lunch account of:
This can only be transferred within Lampeter-Strasburg School District.

Name: _____

School: _____

() Please send a refund for this amount: \$ _____

Make check payable to: _____

Mail to: _____

Signature

Date

*If you do not know if there is money owed to you, please contact the Food Service Office.

Mrs. Cheryl Schmidt
Food Service Director
717-358-1903 or
cheryl_schmidt@l-spioneers.org