

FAIRFIELD PUBLIC SCHOOLS

FOOD SERVICES

501 KINGS HWY EAST, SUITE 210

FAIRFIELD, CT 06825

(203) 255-8370

EMAIL YOUR PREFERENCE TO: FOODSVC@FAIRFIELDSCHOOLS.ORG

MEAL ACCOUNT TRANSFER REQUEST

Please transfer the balance of my child's school meal account:

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

To the account of: _____ Amount \$: _____

To the account of: _____ Amount \$: _____

Contact Name: _____ Phone No. _____

MEAL ACCOUNT REFUND REQUEST

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

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

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

Please make check payable to: _____

Mail to: _____

Contact Name: _____ Phone No. _____

MEAL ACCOUNT DONATION REQUEST

Please donate the balance of my child's school meal account:

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

Donate to unpaid meal charges at this school: _____ **or** Wherever needed

Contact Name: _____ Phone No. _____

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