



## Meal Account Balance Refund or Transfer Request Form

Please complete the information below, sign it, and return it 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 graduates, leaves the District, or experiences special circumstances. To request a refund or transfer of funds, complete this form and return it to Nutrition Services.

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.

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

**Student Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Balance:** \_\_\_\_\_

**Choose One:**

I request that the balance in the above-named student's meal account be refunded.

Make Check Payable to: \_\_\_\_\_

Mailing Address to Send Check: \_\_\_\_\_

I request that the balance in the above-named student's meal account be transferred to the siblings of the student.

Student(s') Name(s): \_\_\_\_\_

I request that 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](mailto:reitmeyt@sgasd.org) **OR** return a hard copy via mail to:

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