

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 balance for the benefit of another student (s) in the
Lampeter –Strasburg School District

() Transfer this balance to the student lunch account of: _____

School: _____

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

Make check payable _____

Mail to _____

Signature

Date

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

Karen A. Schmertz
Assistant Food Service Director
717-464-3311 ext. 4022 or
karen_schmertz@l-spioneers.org