



**Holland Central School District
Food Service Department**

103 Canada Street Holland, NY 14080
716-537-8216

LUNCH ACCOUNT REFUND FORM

If your child is withdrawing or graduating from Holland Central School District and they have a positive balance on their student Meal Account, you may request a refund of the remaining funds. Please complete this form and give it to your student's cafeteria manager, or you can email it to food@hollandcsd.org.

Please submit the completed form to food@hollandcsd.org or fax to 716-537-8203 ATTN: Food Service Director

STUDENT INFORMATION:

Student _____ ID# _____ School _____ Transfer Amount _____

Student _____ ID# _____ School _____ Transfer Amount _____

Student _____ ID# _____ School _____ Transfer Amount _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Parent/Guardian Signature: _____

Office Use Only

Total Refund Amount: _____ Office Signature: _____ Date: _____

This institution is an equal opportunity provider.