



ELIZABETHTOWN AREA SCHOOL DISTRICT
FOOD SERVICE DEPARTMENT

CAFETERIA ACCOUNT REFUND FORM

Student(s) Name: _____

Building: _____

Please select one of the options below for your refund:

____ Transfer the remaining balance to a sibling OR a friend who is currently enrolled in the District

Name of sibling or friend: _____

____ Refund the balance in the account:

(Balances over \$5.00, refund the balance to me in the form of a check)

NAME: _____

PHONE: _____

ADDRESS: _____

____ I prefer to donate the remaining balance to the EASD Donated Funds Account for those students in need.

Parent Signature

Date

If you would like to email the form back, please use the following email address:

foodservice@etownschools.org

Please note that any balance of \$5.00 or less, without notification received within 30 days from withdrawal, will be donated to the EASD Donated Funds Account.

Every Student Graduates Ready to Live, Learn, and Thrive in a Global Community