



Nutrition Center Refund Form

Please fill in all information that applies. The student's name and student ID number **MUST** be completed, regardless of the selection below.

My student(s) has (have) a positive cafeteria balance - I elect to:

_____ **DONATE:** Remaining funds will be utilized in our Student Café 'Family Assistance Funds' Account.

_____ **TRANSFER:** Remaining funds will be transferred to a sibling's account within the district.

_____ **REFUND:** This form **MUST** be received to process refund requests.

Student Name

Student Number

Building

Grade

Please make the check payable to: _____
(Please Print)

Send To: Street address _____

City, State & ZIP Code _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Once letter is received by the district, please allow 3-4 weeks for the processing of refund checks.

FOR FOOD SERVICE USE ONLY:

Account credited for _____ on _____ Batch#
amount date Vendor#

Submit to: Upper St. Clair School District, Gwen St. Cyr, Admin. Asst,
1825 McLaughlin Run Road, Pittsburgh, PA. 15241

Questions may be directed to Gwen St. Cyr - gstcyr@uscsd.k12.pa.us