**FOOD SERVICE ACCOUNT REFUND APPLICATION**

Please select one of three options below for your refund

**Student(s) Name and ID Number**: _____

**Building**: _____

( ) I prefer to donate the balance for the benefit of other students(s) in the school district

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

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

Make check payable to: _____

Mail to: _____

Street Address _____

City: _____

Zip: _____

_____ _____

**Signature** **Date**

*If you are uncertain about your student's account balance, please contact the Director of Food and Nutrition, Kate Rittler krittler@wssd.org 610-892-3470 ext. 2151.

Please send completed forms to the Business Office attention: Stefanie Christy schristy@wssd.org and Sharon Dugan sdugan@wssd.org

Wallingford Swarthmore School District

200 S. Providence Rd

Wallingford, Pa 19086

(610) 892-3470