



River Valley School District

Cafeteria
102 School Lane
Blairsville, PA 15717
(724) 459-5500 Ext. 2114
Fax: (724) 459-4862

Cafeteria Account Refund Application (New 2025)

Please select one of the options below for your refund:

Transfer the remaining balance to a sibling or friend who is currently enrolled in the school district. Please provide the first and last name of the sibling/friend. If transferring to a sibling, please provide the student ID number as well.

Sibling name/friend name: _____

Sibling/friend ID: _____

I prefer to donate the balance to the RVSD Food Service Student Donor Account for the benefit of another student(s) in the school district.

Please send a refund for the amount of \$ _____

Make check payable to: _____

Mail to: _____

Street Address: _____

City: _____

City and Zip Code: _____

Signature: _____ Date: _____

If you are uncertain about your student's balance, please get in touch with the food service office at 724 343-8417 or email coutsoumbis.g@rvsdpa.org

Refunds will not be processed unless a refund form is completed, signed, and sent to the Food Service Office. Once the form is completed, you can mail the form to River Valley School District Food Service Department, 102 School Lane Blairsville, PA 15717 or you may take a photo using your smartphone and email the completed form to coutsoumbis.g@rvsdpa.org