AVON GROVE SCHOOL DISTRICT

FOOD SERVICE DEPARTMENT

375 Jennersville Road
West Grove, PA 19390

Meal Account Refund Application
Please select one of the options listed below and return to address above for processing.

Student Name: _____PIN:_____
School:_____Date:_____

Option #1 _____ Transfer the remaining balance to a sibling's meal account.

_____ Avon Grove High School
_____ Avon Grove Middle School
_____ Avon Grove Intermediate School
_____ Penn London Elementary

Sibling Name_____PIN:_____

Option #2 _____ Send a refund check, made payable to:

_____
to the address below:
_____
_____
_____

Option #3 _____ Please donate the balance for the benefit of another student in the school district.

Signature_____Date_____

Please return the form to the address above or email to mbarot@avongrove.org.

If you have an account with SchoolCafe, please be sure to turn off Auto Pay.

If you have any questions, please feel free to contact the Food Service Office at 610-869-2441.