



SHIPPENSBURG SCHOOL AREA DISTRICT

Meal Account Balance Refund or Transfer Request

Please complete the information below and return to:
Food Service Department, 317 North Morris Street, Shippensburg, PA 17257
For answers to specific questions, please call 717.530.2722 for assistance.

Positive balances for underclassmen will automatically carry over to the next school year. Refunds from student meal accounts are granted when a student graduates, leaves the district, or a special circumstance necessitates the refund. Please choose one of the options below.

Student Name: _____ School: _____
Student ID#: _____ Balance: _____

CHOOSE ONE:

- REFUND: I request the balance in the above named student's meal account be refunded to me.
Make Check payable to: _____
Mail Check to: _____
TRANSFER: I request the balance in the above named student's meal account be transferred to the following student's meal account:
Student Name: _____
School: _____ ID# (if known): _____
DONATE TO STUDENT IN NEED: I request the balance in the above student's meal account be donated to assist District families in need. Donation will be made anonymously.

Reason for Refund:

- Student has withdrawn from the Shippensburg Area School District.
Student is/has graduated.
Other: _____

By signing below, I give approval for the above option to be completed:

Printed Name of Parent/Guardian

Telephone Number

Parent/Guardian Signature

Date.