

**CORNWALL-LEBANON SCHOOL DISTRICT
FOOD SERVICES DEPARTMENT
105 E. Evergreen Road
Lebanon, PA 17042**

SCHOOL MEAL ACCOUNT REFUND/TRANSFER REQUEST FORM

This form is used to request a refund or transfer a positive balance to a sibling's account. Please contact the Food Services Department at (717) 389-1849 if you have any questions. This form is also available in the main office of your student's school building. This form will only be accepted and processed if submitted by USPS mail, faxed to (717) 389-1866, or dropped off at the District Office or your student's school.

Parent/Guardian Name _____ Date _____
Student Name _____ Pin Number _____

Please Check One Box:

- My student has graduated or withdrawn from school within the past 60 days.
- My student is an active, enrolled student within CLSD.

I, _____, as a legal parent/guardian listed in Skyward, am requesting that my student's account balance be:

Transferred to: _____
Student Name Pin Number

Refunded*
*Refunds will be assessed a \$1.00 processing fee.
*Refunds will be mailed to the home address on file in Skyward. If you wish to have the check mailed to a different address, please mark your new address below and include a copy of your driver's license with this form.

New Mailing Address: _____

Parent/Guardian Signature: _____ Date: _____

Food Services Department Use Only

Request: Approved
 Denied /Reason: _____

Date of Transfer or AP Voucher: _____

Food Service Rep. Signature: _____