



Hempfield Food Services Department
"Child Nutrition at its Best"

CAFETERIA ACCOUNT REFUND APPLICATION
Please select one of three options below for your refund.

Student(s) Name: _____

Building: _____

I prefer to donate the balance for the benefit of another student(s) in the school district.

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

School: _____

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 Food Services office.

Completed forms may be mailed, faxed, or emailed to the Food Service Office.

Hempfield Food Services

200 Church Street

Landisville, PA 17538

Phone: (717) 898-5566

Fax: (717) 618-1211

Email: neysa_callahan@hempfieldsd.org