



**Hempfield School District
Food Service Department**



LUNCH ACCOUNT REFUND APPLICATION

Student(s) Name: _____

Building: _____

Please select one of the options listed below.

() I prefer to donate the balance for the benefit of another student(s) in the Hempfield School District.

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

() Please send a refund for this amount: \$ _____
Make check payable to: _____
Mail to: _____

*Refunds with balances of \$5.00 or less can request a cash refund.

*Any remaining balances of \$5.00 or less, with no notification from the parent/guardian within 30-days from student withdraw, funds will be donated to HSD student need account.

Signature

Date

*If you are not sure if there is money owed to you please contact the Food Services office.

Hempfield Food Services
200 Church Street Landisville, PA
17538
(717) 898-5566
Or
Email
neysa_callahan@hempfieldsd.org