



**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: [foodservice@hempfieldsd.org](mailto:foodservice@hempfieldsd.org)