WW

Western Wayne School District
Food Service Department
Lunch Account Refund Application

Student Name: _____

Building: _____

Balance: _____ As of Date: _____

Please select one of the options below:

( )   Please send a refund for this amount $_____

       Make check payable to: _____

       Mail to: _____

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

       Name of student: _____

       School: _____

Signature: _____   Date: _____

_____

Food Service Staff Only
_____

Refund completed: Check # _____ Initials _____   Date: _____

Transfer completed: Initials _____   Date: _____