REQUEST TO MOVE STUDENT CAFETERIA FUNDS

Date: ______________________________ To: Crawford Central School District

Business Office; Food Service
11280 Mercer Pike
Meadville PA 16335

Student Name: _______________________________________
Student ID: _______________________________________

☐ I hereby request that monies on this food services account be transferred to:

   Student Name: _______________________________________
   Student ID: _______________________________________

☐ I hereby request that monies on this food services account with the Crawford Central School District be cleared out and the balance of $__________ be refunded.

   Please make the check payable to:

   ___________________________________________________
   Student or Parent’s Name

   ___________________________________________________
   Mailing Address (Please include street)

   ___________________________________________________
   City, State, Zip

☐ I hereby donate the funds to pay negative balance accounts as follows
   o Highest balance first
   o Specific school _____________________________
   o Specific grade _____________________________
   o Other _______________________________________

Authorization

Parent’s Signature _____________________________ Date _____________________________

District Approval _____________________________ Date _____________________________

__________________________________________
An Equal Rights and Opportunities School District
11280 Mercer Pike, Meadville, PA 16335
(814) 724-8170
www.craw.org