



School District of Springfield Township

Montgomery County, PA

Student Food Service Account Balance Request Form

Please complete the following fields and return to Susan Holman, Food Service Administrative Assistant at susan_holman@sdst.org or sent completed form to 1901 E. Paper Mill Road, Administration Building, Oreland, PA 19075, Attn: Susan Holman.

All Refunds will be issued in the form of a check and mailed to the address provided on this form and made payable to the Parent/Guardian. Forms must be completed by the Parent/Guardian. Please complete one form for each student account balance requested.

Student Meal Account Funds Transfer Request

From: Student Name: _____ ID Number: _____

To: Student Name: _____ ID Number: _____

Amount to be Transferred: \$ _____

Refund of Existing Balance

Parent/Guardian's Name: _____

Student's Name: _____

Student's ID Number: _____

Amount: \$ _____

Mailing Address: _____

Permission to donate remaining balance of student funds to offset debt incurred from unpaid meal charges:

Please list the name and ID numbers of Students in your household who you would like to donate the balance of their account:

Name: _____ ID Number: _____

Name: _____ ID Number: _____

Name: _____ ID Number: _____