



LUNCH ACCOUNT REFUND APPLICATION
Please select one of the options for lunch refunds.

Student(s) Name: _____

Building: _____

() I prefer to donate the balance for the benefit of another student(s) in the Eastern Lancaster 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: _____

Signature

Date

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

Eastern Lancaster Co. SD
Food Service Department
669 E. Main Street
New Holland, Pa. 17557
(717) 354-1581

