

Conrad Weiser Food Service Department Meal Account Agreement

*Please complete the information below and send to
Conrad Weiser Food Service Department 44 Big Spring Road Robesonia, PA 19551.
For any specific questions please call Marci Hegedus 610-693-8542.*

Positive balances for all underclassmen will carry over into meal accounts each year. If a student is graduating or withdraws from the school district with a positive meal balance parents/guardians can elect to have the meal money refunded, donated, or transferred to a sibling.

The agreement is ONLY filled out and returned for the following circumstances listed in the previous sentence. The agreement must be filled out and returned within 30 days after leaving the district in order to receive the refund. Failure to return the form will result in donation of account funds.

Student Name: _____ Student School _____

Student ID: _____ Balance _____

CHOOSE ONE OF THE FOLLOWING:

☐ **REFUND:** I request the balance in the above named student's meal account be refunded to me.

Make Check payable to: _____

Mail Check to: _____

☐ **TRANSFER:** I request the balance in the above named student's meal account be transferred to the following student's meal account:

Student Name: _____

School: _____

ID# (if known): _____

☐ **DONATE TO MEAL FUND:** I request the balance in the above student's meal account be donated to assist District families in need. Donation will be made anonymously.

Reason for Refund:

☐ Student has withdrawn from the Conrad Weiser Area School District.

☐ Student is/has graduated.

☐ Other: _____

By signing below, I give the approval for the above option to be completed:

Printed Name of Parent/Guardian:

Telephone Number:

Parent/Guardian Signature