

WATERFORD PUBLIC SCHOOLS FOOD SERVICE

REQUEST FOR REFUND OR TRANSFER OF LUNCH BALANCE

Please complete the following information: REFUND_____ or TRANSFER_____

Student

Name: _____ School: _____

Transfer to sibling: _____ Withdrawal date(if applicable): _____

Parent Name: _____

Address: _____

Please note: All balances at the end of the school year will be carried forward. If your child is graduating, the balance may be transferred to a sibling or refunded using this form. Please complete this form and send to:

WPS Food Service Department, 15 Rope Ferry Rd. Waterford, CT 06385