



DOVER AREA
SCHOOL DISTRICT

Request for Refund of Meal Account Funds

Our records indicate that there are funds remaining in your child's meal account in the amount of \$_____.

Please complete this form to indicate to the district's school nutrition office how you would like the money handled.

Student Name _____

Student ID# _____

Building _____

☐ Please donate funds to the department for the "Angel Fund"

☐ Please send me a refund.

Date of Withdraw _____

Siblings in other buildings withdrawing: Yes _____ No _____

Guardian Signature _____

Mailing Address _____

Phone # _____

Please note: Balances \$5.00 and under are automatically transferred to the "Angel Fund" unless otherwise indicated by a parent or guardian.

*the angel fund assists students whose families are facing a hardship and cannot pay off a negative balance.

Official Use Only Below this Line

Food Service Balance _____

Approved by _____ Date _____

Processed _____