

SOLANCO SCHOOL DISTRICT
FOOD SERVICE DEPARTMENT
121 S. HESS STREET
QUARRYVILLE, PA 17566
PHONE: 717-786-8401 – FAX: 717-786-8245



CAFETERIA ACCOUNT REFUND APPLICATION

Student(s) Name: _____

Building: _____

Please select one of the options below for your refund:

Transfer remaining balance to the student cafeteria account of: _____

School: _____

Please send a refund check for the remaining cafeteria account balance (Please note only balances over \$5.00 will be refunded by check).

Make check payable to: _____

Address: _____

I prefer to donate the remaining balance for the benefit of another student in the Solanco School District.

Parent Signature

Date

If you are uncertain about your student's account balance, please contact the Food Service Office at 717-786-5621.

Return this completed form to the address above.