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