



**COCALICO SCHOOL DISTRICT**  
**Food Services Department**

800 South 4<sup>th</sup> Street, PO Box 800  
Denver, PA 17517  
(717) 336-1578



Christopher Dunn, Food Services Director

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**MEAL ACCOUNT REFUND APPLICATION**  
(Please select one of the options for lunch refunds.)

**STUDENT NAME:** \_\_\_\_\_

**ID #:** \_\_\_\_\_ **BUILDING:** \_\_\_\_\_

**OPTIONS: (please check one)**

I prefer to donate the balance of \$ \_\_\_\_\_ \* in my student's account to an CSD donor account, which is set up at each building and benefits students in need.

Transfer the balance of \$ \_\_\_\_\_ \* to the student lunch account of:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

ID: \_\_\_\_\_ Building: \_\_\_\_\_

Please refund the amount of \$ \_\_\_\_\_ \* by check:

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please return request to:  
Cocalico School District Food Services  
800 South 4<sup>th</sup> Street, PO Box 800  
Denver, PA 17517