

FAIRFIELD PUBLIC SCHOOLS
FOOD AND NUTRITION SERVICES
501 KINGS HIGHWAY EAST, SUITE 210
FAIRFIELD, CT 06825
(203) 255-8370

MEAL ACCOUNT BALANCE
FUNDS TRANSFER OR REFUND REQUESTS

Contact Name: _____ Phone No. _____

Contact Email: _____ Request Date: _____

BALANCE TRANSFER

Please transfer the balance from my child(ren)'s account:

Please Print

Child's Name: _____ School: _____ Amount \$: _____

To the account of: _____ School: _____ \$ _____

To the account of: _____ School: _____ \$ _____

BALANCE REFUND

Please refund the balance of my child(ren)'s account:

Please Print

Child's Name: _____ School: _____ Amount \$: _____

Child's Name: _____ School: _____ Amount \$: _____

Please make check payable to: _____

Mail to:

Name _____

Address _____

Town, State, Zip _____