

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

FUNDS TRANSFER OR REFUND REQUEST FOR MEAL ACCOUNT BALANCE

MEAL ACCOUNT BALANCE TRANSFER REQUEST

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

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

To the account of: _____ School: _____ % _____

To the account of: _____ School: _____ % _____

Contact Name: _____ Phone No. _____

MEAL ACCOUNT BALANCE REFUND REQUEST

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

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

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

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

Please make check payable to: _____

Mail to: _____

Contact Name: _____ Phone No. _____

Please Note: Processing of meal account funds transfer requests and refunds (depending on the time of year) may take several weeks. Please plan your child's school lunch account to have the appropriate funds available. Thank you for your patience.