

**FAIRFIELD PUBLIC SCHOOLS**

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

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**FUNDS TRANSFER OR REFUND REQUEST FOR SCHOOL MEAL ACCOUNT BALANCE**

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***MEAL ACCOUNT BALANCE TRANSFER REQUEST***

Please transfer school meal account balances as specified below:

Child's Name: \_\_\_\_\_ School: \_\_\_\_\_ Amount \$: \_\_\_\_\_ **or Full balance**

To the account of: \_\_\_\_\_ School: \_\_\_\_\_ Amount \$: \_\_\_\_\_

To the account of: \_\_\_\_\_ School: \_\_\_\_\_ Amount \$: \_\_\_\_\_

To the account of: \_\_\_\_\_ School: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

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***MEAL ACCOUNT BALANCE REFUND REQUEST***

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

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

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

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

**Total Refund Amount \$: \_\_\_\_\_**

**Please make check payable to:** \_\_\_\_\_

Mail to: \_\_\_\_\_

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Contact Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Please Note:** The processing of school meal account transfer/refund requests (depending on the time of year) may take several weeks, and will only be processed during the school year. Please ensure your child(ren)'s school lunch account(s) have the appropriate funds available for meal and/or ala carte purchases. Thank you for your patience.