

**WARWICK SCHOOL DISTRICT  
FOOD & NUTRITION SERVICES**

**LUNCH ACCOUNT REFUND APPLICATION FOR  
GRADUATING OR WITHDRAWING STUDENTS**

**Please select one of the options for lunch refunds:**

**Student(s) Name:** \_\_\_\_\_

**Building:** \_\_\_\_\_

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

**School:** \_\_\_\_\_

**Please send a refund check for this amount: \$** \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_

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

\_\_\_\_\_

**I prefer to donate the balance for the benefit of another student (s) in the  
Warwick School District.**

**Student name:** \_\_\_\_\_

**Building:** \_\_\_\_\_

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**\*If you do not know if there is money owed to you please contact the Food &  
Nutrition Office.**

**Warwick Food & Nutrition  
401 W. Maple Street  
Lititz, PA 17543  
(717) 626-3734 ext. 3722**