



Lunch Account Refund Application-End of Year
(Please select one of the options for lunch refunds)

Student Name: _____

ID #: _____ **Building:** _____

OPTIONS: (please check one)

- I prefer to donate the remaining funds in my student's account to the Lancaster County CTC donation fund, which is set up to help benefit students in need of assistance
- Transfer the positive balance of my student's account to another sibling's account
Name: _____ Grade: _____
ID #: _____ Building: _____
- Please refund my student's account balance by check
Payable to: _____
Address: _____

Signature

Date

Email Address

Phone #

Please Return Request to:

Lancaster County CTC

Attn: Food Service

1730 Hans Herr Drive

Willow Street, PA 17584

OR

Please have your student drop off at the front desk of the campus they attend (with ATTN: Food Service)

*If you don't know if money is owed to you or in your student's account, please contact Kennedy Yost in Food Services (717.464.7050 ext. 7122) or email at kyost@lancasterctc.edu

Process Date: _____

Check # (If applicable): _____