POSTIVE STUDENT
CAFETERIA ACCOUNT FUNDS FORM

(PLEASE FILL IN ALL INFORMATION THAT APPLIES. IT IS IMPERATIVE THAT THE STUDENT NAME AND STUDENT NUMBER BE COMPLETED, REGARDLESS OF SELECTION BELOW)

My student(s) has(have) a positive cafeteria balance. I elect to:

____ DONATE REMAINING FUNDS BACK TO THE DISTRICT TO BE USED TOWARDS A DELINQUENT LUNCH ACCOUNT.

____ TRANSFER remaining funds to a sibling's account (sibling must be a current student in the Canon McMillan School District)

____ REFUND any remaining funds due to the student.

Student Name	Student Number	Building	Grade	Homeroom
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please make the check payable to: _____
(PLEASE PRINT)

and send it to: **Street Address** _____

City, State, & Zip code _____

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

A check for any refunds will be mailed within eight to ten weeks.

FOR FOOD SERVICE USE ONLY:	
account credited for _____ **on** _____ **amt.** **date** _____ **close account if district withdrawal**	**Batch #** _____ **Vendor #** _____ **Account # 51-6621.000.000.00.00.00** **Transaction #** _____

Submit to: Canon-McMillan School District, Amber Kevech, One North Jefferson Ave., Canonsburg, PA 15317 by June 30th.

FAILURE TO RETURN THIS FORM BY JUNE 30TH WILL RESULT IN THE DONATION OF STUDENT FUNDS TO BE USED TOWARDS A DELINQUENT LUNCH ACCOUNT.