

# Meal Account Balance

If you have a student who has a positive meal account balance, please complete this form. You must be the legal guardian listed for the student to proceed with a transaction. Should you have any questions or concerns please call our office at 301-766-2890. Thank you!

**Return completed form to school Principal or the FNS office – 10435 Downsville Pike, Hagerstown MD, 21740**  
**Or send this form/information to [SweenHel@wcps.k12.md.us](mailto:SweenHel@wcps.k12.md.us)**

1. Are you the legal guardian for this student? (circle one)
  - a. Yes
  - b. No

Your Name: \_\_\_\_\_

2. Student Information
  - a. Name: \_\_\_\_\_
  - b. Identification Number: \_\_\_\_\_
3. Which type of transfer? (circle one)
  - a. Refund Check (by mail)
  - b. Transfer to another student (please complete next section)
  - c. Donate (to other students who have negative account balances)

4. Additional Information (please complete one)
  - a. For Refund Check
    - i. Name & Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_
  - b. For Transfer
    - i. Name & ID number of student who will receive the balance:  
\_\_\_\_\_
  - c. For Donation
    - i. School Preference: \_\_\_\_\_
    - ii. Other: \_\_\_\_\_

Sign: \_\_\_\_\_

Date: \_\_\_\_\_

