

**REQUEST TO MOVE STUDENT CAFETERIA FUNDS**

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

To: Crawford Central School District  
Business Office; Food Service  
11280 Mercer Pike  
Meadville PA 16335

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

I hereby request that monies on this food services account be transferred to:

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

I hereby request that monies on this food services account with the Crawford Central School District be cleared out and the balance of \$ \_\_\_\_\_ be refunded.

Please make the check payable to:

\_\_\_\_\_  
Student or Parent's Name

\_\_\_\_\_  
Mailing Address (Please include street)

\_\_\_\_\_  
City, State, Zip

I hereby donate the funds to pay negative balance accounts as follows

- Highest balance first
- Specific school \_\_\_\_\_
- Specific grade \_\_\_\_\_
- Other \_\_\_\_\_

**Authorization**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Approval

\_\_\_\_\_  
Date