

WASHINGTON COUNTY SCHOOL DISTRICT
Lunch Money Donations

DATE _____ SCHOOL _____

Your student has a lunch balance-Please indicate if you would prefer a refund or would like to donate some or all of the balance to another student account, or to an anonymous student in need.

STUDENT NAME _____ STUDENT # _____

LUNCH BALANCE \$ _____ PLEASE REFUND \$ _____

PLEASE DONATE \$ _____ TO _____
(STUDENT, SCHOOL)

Parent/Guardian Signature _____

Office use only: Copy to
 School Lunch Clerk/Secretary

WCSD Form 957

5/2015

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