



SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT

World Class. Every Day. In Every Way.

DISTRICT OFFICE

2579 Interstate Drive, Harrisburg, Pennsylvania 17110
717.657.5100 | F. 717.724.1851 | www.hannasd.org

Date: _____

Student Name: _____

1. Student Meal Account Refund Due: _____

Your student has a balance in his/her Food Service account. **Please indicate your choice below:**

___ Donate balance to assist STSD students

___ Transfer the balance to a sibling/another student in STSD

_____ Name of student

___ Refund balance

Check payable to: (Name) _____

(Address) _____

E-mail _____

OR

2. Student Meal Account Balance Due: _____

Your student has a negative balance in his/her Food Service account.

Please mail this form and/or a check payment by 6/30 to the address below.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

**STSD FS
801 Wood Street
Harrisburg, PA 17109**

Please call 717-657-5100 ext.30132 or email jmcmichael@hannasd.org with any questions.

As of June 30th of the current school year, if a refund request for your student isn't received all funds will be donated to assist STSD students.