

ILSON SCHOOL DISTRIC

2601 Grandview Boulevard, West Lawn, PA 19609 | 610-670-0180 | wilsonsd.org

From the office of Food Services

610.670.0180 x 1147 or 1148

Student Meal Account Balance Refund or Donation Request

Thank you for participating in the Wilson Student Meal Account Program. We must receive a written request for the refund of money within 60- calendar days from date of withdrawal from the District. Money will be transferred to a sibling account, or can be refunded or donated to the Food Service Delinquent Meal Fund. Final refund amounts will be verified by the Food Service office after the request has been received. Select one of the options below for disposition of positive account balances. NOTE: Any balance of less than \$5.00 will be donated to the Food Service Delinquent Meal Fund unless arrangements are made to pick-up the cash in the Food Service Office.

Select one option

Student Full Name		
Option #1	Transfer the balance to the following sibling(s) in Wilson S	D:
Option #2	Refund balance and make check payable to:	
Parent/Guar	rdian	
Street Addre	ess	
City, State, Z	Zip	
Option #3	Donate the account balance to Food Service Delinquent Me	eal Fund.
Parent/Guardia	In Signature	Date

Return the signed form by email to: ginsar@wilsonsd.org, US mail or in person at the Food Service Office.

Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the <u>USDA Program Discrimination Complaint Form</u>, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- Fax: (202) 690-7442
- Email: program.intake@usda.gov.