



Superintendent's Office
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Michael P. Nagler, Ed.D., Superintendent of Schools

MEAL ACCOUNT REFUND/TRANSFER REQUEST

Student's name: _____ Date: _____

ID#: _____

Parent Signature: _____

Mail check to (address): _____

Phone number: _____

Please indicate whether you are requesting a refund or would like to transfer funds to another student's meal account in your household that attends a school within the district.

_____ Refund

_____ Transfer \$ _____ to Student Name: _____ ID #: _____

Please return this form to:
Mineola UFSD
Attn: School Lunch
2400 Jericho Tpke
Garden City Park, NY 11040
schoolmeals@mineola.k12.ny.us