



STUDENT DISENROLLMENT FORM

Please email form to: nicole.maxellon@wolcottps.org

Due by: June 17, 2020

DATE: _____

SCHOOL: _____

Student Name: _____

Parent Signature: _____ Phone Number: _____

I request remaining food service balance to be:

_____ Reimbursed by payment sent via US mail to parent

Name of Parent: _____

Address of Parent: _____

_____ Transferred to sibling listed below

Sibling Name: _____ School _____

_____ Used to help pay the negative balance of a student who qualifies for Free or Reduced Priced Meals.

Note: If we do not receive this form by June 17, 2020, any remaining funds will be used to offset negative balances of students in need.

Nicole Maxellon, Food Services Director
Business Office - 1488 Woodtick Road, Wolcott CT, 06716 - 203-879-8145