GreatHearts®
Operations

Meal Balance Form

Campus: _____   Date: _____

Parent Name: _____   Phone: _____

Please list all students, their grade and date of birth *(MT Bal to be filled out by campus DCO)*:

Name:_____ Grade: _____ DOB: _____ MT Bal. _____

Name:_____ Grade: _____ DOB: _____ MT Bal. _____

Name:_____ Grade: _____ DOB: _____ MT Bal. _____

Name:_____ Grade: _____ DOB: _____ MT Bal. _____

Name:_____ Grade: _____ DOB: _____ MT Bal. _____

Name:_____ Grade: _____ DOB: _____ MT Bal. _____

Total Account MealTime Balance: _____   ☐ This is a shared family account

If balance is negative, then the parent/guardian needs to remit payment by cash or check. Credit Card payments are accepted through their MealTime account.

If balance is positive, please choose one of the following:

☐   Please donate the balance to the lunch program funds to help cover other students. If there is a specific student, family, or criteria, please write it in here: _____
_____

☐   Please refund the above balance by check. Send checks to the following address: (Checks will be processed through the district office.)
Street: _____
City: _____ State: _____ Zip: _____

_____   _____ _____
Signature of Parent   Printed Name   Date

For DCO Use: ☐ Negative Balance Paid   ☐ Refund Request Sent to AP, Date: _____

Great Hearts is an equal opportunity provider.
(Rev - July 22)