

STUDENT DISENROLLMENT FORM

Please email form to: nlefebvre@thomastonschools.org

Due by: June 9, 2023

Date:	
Please Check One: Graduating	_ Transferring
Student Name:	Student ID#:
Parent Name (Print):	
Parent Signature:	
Phone Number:	
I am requesting the remaining foodse	ervice balance to be (please check one):
Reimbursed by payment sent	via US mail to parent
Name of Parent:	
Address of Parent:	
Transferred to the sibling liste	d below
Sibling Name:	Student ID#:
Used to help Thomaston fami	lies in need with negative balances
	. 2023, any remaining funds will be donated to a family in need.
Nicole Lefebvre, Fo	ood Services Director
Business Office - 1488 Woodtick Ro	ad, Wolcott CT, 06716 - 203-879-8145