



ABC Unified Nutrition Services

Visit us at www.abcafe.us

Meal Account Balance Refund Policy

April 1, 2019

Dear Parent or Guardian,

We would like to remind you that your student's meal account balance automatically carries into the next school year until completion of the 12th grade. It is up to you to monitor your child's lunch account balance and you may do so free of charge at www.MySchoolBucks.com. If your child will no longer be attending ABC Unified School District and has a balance remaining in his/her meal account, it is your responsibility to request a refund if you elect to do so. In the event your child will no longer be attending ABC Unified School District, we will gladly transfer the remaining balance to a sibling upon request, free of charge.

Refund requests must be made within 30 days following the end of the previous school year and are subject to a \$5.00 processing fee. If a refund is not requested by the due date, the balance will automatically be donated back to help defray the cost of negative account balances within the District.

NOTICE: Please be advised that refund requests will not be honored if submitted beyond the due date. All balance refund requests must be submitted by July 30th (30 days following the end of the school year). It may take up to 2 weeks to process a refund upon receiving a request form. Refunds will be in the form of a check only, and are subject to a \$5.00 processing fee.

Please contact us if you have any questions or concerns regarding this information.

Nutrition Services Department
ABC Unified School District
12255 Cuesta Dr.
Cerritos, CA 90703
(562) 926-5566 ext. 21275

Please accept this form as my request for a student meal account refund. I understand that a refund is issued if there is an allowable balance on my student's account, and I am responsible for paying the \$5 processing fee. I also understand that I am responsible for additional charges or adjustments that may appear on my student's account after my refund is processed.

PLEASE PRINT:

Student Name:

Last	First	Middle Initial
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Student ID Number

Parent/Guardian

Telephone

Address

I would like to transfer my student balance to another student in the district.

Student Name

ID#

I would like a refund of my student's account (I understand a \$5 fee will be subtracted).

Signature

Please send completed form to:

ABC Unified School District
Nutrition Services-Katy Hutchins
16700 Norwalk Blvd.
Cerritos, CA. 90703
FAX: (562) 404-8926

FOR OFFICE USE ONLY

Processed By:

Date:

Amount:

Check Number: