

**BERRYESSA UNION SCHOOL DISTRICT
STUDENT NUTRITION SERVICES**

PARENT TRANSFER/REFUND REQUEST FORM

Date: _____

Student Name: _____ School: _____ Student #: _____

**If student is now in high school:*

School Attended _____ Current Grade _____ Balance if known: _____

I would like to request that the balance of my child's account be *transferred* to his/her sibling(s):

Name: _____ School: _____ Student #: _____ Amount: \$ _____

Name: _____ School: _____ Student #: _____ Amount: \$ _____

I would like to request a *partial refund* of \$ _____ from my child/children's cafeteria account.

I would like to request a *full refund* for the balance of my child/children's cafeteria account.

Reason for Refund:

Parent Name: _____ Phone #: () _____

Address: _____

Parent Signature: _____

Method of Payment for Refunds:

- Email completed form to: SNS@BUSD.net
- **OR** mail completed form to: Student Nutrition Services, 951 Piedmont Road, San Jose, CA 95132
- Account balance(s) will be verified by Student Nutrition Services.
- Refunds will be paid by a *check* issued by the District. You will receive the check by mail within a few weeks.
- For questions about this process, please email SNS@BUSD.net or call 408-923-1879 and leave a message. The SNS office is currently closed to the public until further notice.