

## Request for Refund of Pre-Paid Lunch Money

Student's Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Balance (if known): \$ \_\_\_\_\_

Please circle one:

- A) The above student is no longer attending \_\_\_\_\_ (school).  
B) The above student's lunch status has changed from full-pay.

Please transfer the balance in his/her account to their sibling(s):

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ School: \_\_\_\_\_

Please issue a check for the remaining balance to the guardian listed below:

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Note: It may take up to two weeks to receive the refund.

-----For Office Use Only-----

Date Request Received: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date of Transfer (if applicable): \_\_\_\_\_

Refund Amount (attach printout): \$ \_\_\_\_\_