

**Fullerton School District**  
**Meal Account Refund/Transfer Request**

- Requesting a refund
- Requesting funds be transferred to: sibling

Refund:

Student's School: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ **Student's ID Number:** \_\_\_\_\_  
Refund/Transfer Amount: \_\_\_\_\_ (If unknown, leave blank)

Transfer to Sibling:

Student's School: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ **Student's ID Number:** \_\_\_\_\_  
Transfer to Sibling – Sibling's Name: \_\_\_\_\_ **Sibling's ID Number:** \_\_\_\_\_  
Sibling's School: \_\_\_\_\_  
Transfer Amount: \_\_\_\_\_ (If unknown, leave blank)

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Reason for Refund/Transfer: \_\_\_\_\_

**\*If requesting a refund, make sure to cancel/stop any auto payment deductions from MySchoolBucks. Refund requests received by June 2, 2020 will be processed immediately. For all refund requests received after June 2, 2020, will be processed on August 4, 2020.**

*Note that student's meal account money is automatically carried over to the next school year EXCEPT after completion of the 8<sup>th</sup> grade. If your child will not be attending a school within the Fullerton School District, notify our office (except students graduating who will be attending high school).*

Date: \_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_  
Signature of Nutrition Services Staff

**Parents: Fill out this form completely. Sign it.**

**Mail it to:**  
Fullerton School District  
Nutrition Services  
389 W. Truslow Ave.  
Fullerton, CA 92832

**or email to:**  
Parveen Singh, Account Clerk  
parveen\_singh@myfsd.org  
[www.fullertonnutrition.org](http://www.fullertonnutrition.org)

**NON-DISCRIMINATION:** This institution is an equal opportunity provider.