

**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: \_\_\_\_\_  
\_\_\_\_\_

*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:**  
**Angela Lu, Account Clerk**  
**angela\_lu @myfsd.org**

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