

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.**

Note that student's meal account money is automatically carried over to the next school year EXCEPT after completion of the 8th 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

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