

**Meal Account Refund/Transfer Request**

School \_\_\_\_\_

- Requesting a refund
- Requesting funds be transferred to: sibling
- Requesting funds be transferred to: change of school

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)

Transfer Change of School:

School Transfer from: \_\_\_\_\_

Student's Name: \_\_\_\_\_ **Student's ID Number:** \_\_\_\_\_

School Transfer to: \_\_\_\_\_

Transfer Amount: \_\_\_\_\_ (If unknown, leave blank)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Refund/Transfer: \_\_\_\_\_

\_\_\_\_\_

*Please 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, please notify our office (except students graduating who will be attending high school).*

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nutrition Services Staff

**Nutrition Staff Only:** ATTACH A COPY OF PARTICIPATION REPORT FOR THE STUDENT.

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

**Nutrition Services  
Fullerton School District  
389 W. Truslow Ave.  
Fullerton, CA 92832**

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