

KING WILLIAM COUNTY  
SCHOOL NUTRITION SERVICES  
Lunch Account Refund/Fund Transfer Verification Form

**If your child is withdrawing or graduating from King William County Public Schools and they have a positive balance on their student Meal Account, there are two options for handling the remaining funds.**

- 1. You may transfer balances from one student account to another student account within the same household.**
- 2. You may request a refund by completing the form below and submitting to [shharris@kwcps.k12.va.us](mailto:shharris@kwcps.k12.va.us). All refund requests will be submitted to the School Board for approval. Refund checks will be mailed upon approval. Please allow 30 days for processing refund requests.**

**Any questions should be directed to the Director of School Nutrition, Sherri Harris at 804-769-3434 ext 550**

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**REFUND REQUEST**

Student \_\_\_\_\_ ID# \_\_\_\_\_ School \_\_\_\_\_

I would like the balance of my student's Meal Account(s) refunded and mailed to:

Name: \_\_\_\_\_

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

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

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**TRANSFER REQUEST**

From:  
Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ School: \_\_\_\_\_ Meal \$: \_\_\_\_\_

To:  
Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ School: \_\_\_\_\_ Meal \$: \_\_\_\_\_

From:  
Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ School: \_\_\_\_\_ Meal \$: \_\_\_\_\_

To:  
Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ School: \_\_\_\_\_ Meal \$: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit the completed form to [shharris@kwcps.k12.va.us](mailto:shharris@kwcps.k12.va.us) or fax to 804-769-3312 ATTN: Sherri Harris**

Office Use Only
Amount of Refund: _____ Transfer Completed: _____