

Request for Refund or Transfer of Cafeteria Funds

Student Information :					
Name					
School Attending					
Reason for refund (cire	cle one)				
Left School District	Graduated	Other (specify)			
Please indicate h	ow you would I	ike to disburse the	balance of yo	ur student(s) lunch account:	
		CHECK (will be m	nailed)		
Requested by:		Relations	Relationship to Student:		
Telephone:		Date of Request			
				State: Zip:	
		o student(s) within		hools	
1 Name		.,			
1. Name					
2. Name		SCHOOI	Grade	Amount	
		Donation			
Please donate the balance of my student's account to the Lunch Donation Fund These funds will be used to support students in need					
SIGNATURE		==========	========	Date	
Please submit form to:					

Noblesville Educational Service Center ATTN: Food Services Department

18025 River Road Noblesville, IN 46062

Refunds may take up to four weeks to process. Checks will be mailed to the name and address listed above. Transfer of funds to other students will be processed within a week from receipt of form.

Funds remaining in students' lunch accounts at the end of each school year will automatically be applied to the student's balance for the next school year. Only in the event that a student leaves the district (i.e. moves, graduates, etc) may a refund of account balance be requested via this form.

Questions? Contact the Food Service Department at 317-773-3171