



Cafeteria Account Refund/Transfer/Donate Balance Form

Complete form and return to District Office or nearest OVSD school

Email: bthompson@ovsd.org

Mail: Ocean View School District - Food Service

17200 Pinehurst Lane, Huntington Beach, CA 92647

Fax: 714-842-1541

Phone: 714-847-2551

x1452

Date of Request: _____ Name of School: _____

Student's Name: _____

Student's ID#: _____ Student's Date of Birth: _____

Please indicate your choice

_____ **TRANSFER Balance to another student's account**

Transfer \$ _____ (ex. \$20.00) to Student's Name _____ (ex. Jane Doe)

Attending School _____ (example Mesa View MS)

Only available for Ocean View School District Students

_____ **DONATE Balance to a student in need of assistance**

_____ **REFUND**

Make Check Payable to: _____

Mailing Address: _____

Daytime Phone Number: _____ Email Address: _____

Parent/Guardian's Signature: _____

Signature required to process refunds and transfers and donations

FOR OFFICE USE ONLY: DATE: _____ BALANCE: _____ ACCOUNT ADJUSTED BY: _____	PAYMENT APPROVAL: _____
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