

**Seymour Community School Corporation
Food Service Department**

Request for Refund or Transfer of Funds

Student Information:

Name(s) _____

School(s) _____

Reason for refund (check one):

Left school district Graduated Other (specify) _____

Anticipated amount of refund: _____

Please indicate how you would like to receive refund:

Refund Check (to be mailed)

Parent/Legal Guardian to make payable to _____

Telephone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Transfer of Funds to Student Account(s)

Transfer funds from student listed above TO student(s) below:

1)	Name _____	School _____	Grade _____	Amount _____
2)	Name _____	School _____	Grade _____	Amount _____

SIGNATURE _____

DATE _____

Please submit form to:
**Seymour Community School Corporation
ATTN: Food Services Department
1638 S Walnut Street
Seymour, IN 47274**

Refunds will be processed within 2 weeks upon receipt of this request. Payment in the form of a check will be mailed to the name listed above at the address listed above. In the event that the actual refund amount differs from the anticipated amount, the person who completed this form will be contacted.

Questions? Please contact:
Holly Cornn, Food Service Administrative Assistant
812-271-1344
cornnh@scsc.k12.in.us

-IMPORTANT-

According to the SCSC Food Service Guidelines for Refunds or Transfer of Meal Account Funds effective 5-10-16:
"Funds remaining in students' meal 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. A written request (this form) must be submitted within 30 days of the end of the school year or 30 days after the student leaves the district in order for the balance to be refunded."