

# STUDENT MEAL ACCOUNT REFUND FORM

ALL REFUND CHECKS ARE MAILED FOUR TO EIGHT WEEKS AFTER REQUEST

Only amounts \$3.00 and over will be refunded. Lesser amounts may be transferred or donated.

Refund Request  
(fill out part 1)

Transfer Request  
(fill out part 1 & 2)

**Part 1:**

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

STUDENT NAME(S) \_\_\_\_\_

ID# \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PARENT or GUARDIAN NAME PRINTED \_\_\_\_\_

DELIVERY ADDRESS \_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_

PARENT or GUARDIAN SIGNATURE (*Required for refunds*) \_\_\_\_\_

**Part 2:**

\*If transferring funds between student accounts please state student names below.

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

(STUDENT NAME)

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

(STUDENT NAME)

\_\_\_\_\_

(STUDENT ID#)

\_\_\_\_\_

(STUDENT ID#)

\_\_\_\_\_

(SCHOOL)

\_\_\_\_\_

(SCHOOL)

Please submit completed form by hand delivery, mail, email or fax to:

WCS Food & Nutrition Services  
Attn: Sheila Tenner  
850 E. Smith St.  
Warsaw, IN 46580

Email: [stenner@warsawschools.org](mailto:stenner@warsawschools.org)

FAX: 574-371-5022

This institution is an equal opportunity provider.