

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

FAX: 574-371-5022

This institution is an equal opportunity provider.