

Community Schools of Frankfort Food Service Department

Request for Refund or Transfer of Cafeteria Funds

Student Information:

Name _____

School Attending _____

Reason for refund (circle one)

Left School District Graduated Other(specify) _____

Please indicate how you would like to disburse the balance of your student(s) lunch account:

CHECK (will be mailed)

Requested by: _____ Relationship to Student: _____

Telephone: _____ Date of Request: _____

Address: _____ City: _____ State: ___ Zip: _____

Transfer to student(s) within Frankfort Schools

1. Name _____ School _____ Grade _____ Amount _____

2. Name _____ School _____ Grade _____ Amount _____

Donation

Please donate the balance of my student's account to the Angel Fund

These funds will be used to support students in need

SIGNATURE _____ **Date** _____

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Please submit form to:
Community Schools of Frankfort
ATTN: Food Services Director
One South Maish Road
Frankfort, IN 46041

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 765-659-6230

This institution is an equal opportunity provider.