



Nutrition Services
Lee's Summit R-7 School District
702 SE M-291 Highway
Lee's Summit, MO 64063
(816) 986-2200 Fax: (816) 986-2215

Date: _____

Student's name (Last, First): _____

Id#: _____ Amount of Refund: \$ _____

Parent signature: _____

Mail check to: _____

Please indicate whether you are requesting a refund or would like to transfer funds to Another student's account within the district.

Refund (Refunds will only be issued in the amounts of \$10.00 or greater.)

Transfer

Please transfer funds to:

Students name: _____

School: _____

Id#: _____

Donate the remainder of my child's lunch account balance to the LSR7 Angel Fund

Please return this form via mail to:

LSR7 Nutrition Services
702 Se 291 Highway
Lee's Summit, Mo 64063

You may also fax the completed form to 816-986-2215 or email to chris.mabin@lsr7.net