

**REQUEST FOR REFUND OR TRANSFER OF CAFETERIA FUNDS
2020/2021**

Student(s) Information:

Name _____
Student ID# _____
School _____

Important: Turn off any automatic payments set up in MyPaymentsPlus before submitting form

Please indicate which of the three options you would like to use to disburse the funds and close your child's meal account

(1)

<p>DONATION</p> <p><input type="checkbox"/> Please donate the remaining balance of my student's meal account to the School Lunch "Angel Fund". The School Lunch Angel Fund is used to ensure needy students do not go hungry by providing nutritious healthy meals through our School Nutrition Program.</p>

(2)

<p>TRANSFER TO SIBLING'S ACCOUNT</p> <p>1. Name _____ School _____ Grade _____ Amount _____</p> <p>2. Name _____ School _____ Grade _____ Amount _____</p> <p>3. Name _____ School _____ Grade _____ Amount _____</p>
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(3)

<p>REFUND CHECK</p> <p>Parent/Legal Guardian (made payable to) _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>*Note: Please allow 4-6 weeks for processing. Checks will be mailed to address provided.</p>
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Parent Signature: _____ Phone # _____

DEADLINE: June 5, 2021

Please submit completed form to:

New Albany Floyd County Consolidated School Corporation

Food & Nutrition Services

2801 Grant Line Road

New Albany, IN 47150

Or email form to: loliver@nafcs.k12.in.us Questions call: (812)542-4703