



Oro Grande School District Refund/ Transfer Form

Submit form to: Nutrition Services 19900 National Trails Hwy, Oro Grande Ca 92368
Or Mail to: P.O. Box 386, Oro Grande Ca 92368

Date: I, _____ am requesting a refund/transfer from my son/daughter(s) lunch account (see below).

1. Student's Name _____ School _____ Grade _____ Amount \$ _____
2. Student's Name _____ School _____ Grade _____ Amount \$ _____
3. Student's Name _____ School _____ Grade _____ Amount \$ _____

Reason For Request: Please place an "x" in the appropriate box:

- Change in Free/Reduced eligibility
- Student no longer enrolled in Oro Grande School District
- Student has graduated or will graduate this current school year
- Overpaid/ Other _____

Please Complete Each Section Below: Incomplete information or failure to sign will delay processing of your request.

Parent/Guardian Name (please print) _____

Address Of: _____

City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

Signature: (Required) _____