

Meal Account Refund/Transfer Request

School _____

- Requesting a refund
- Requesting funds be transferred to: sibling
- Requesting funds be transferred to: change of school

Refund:

Student's School: _____

Student's Name: _____ **Student's ID Number:** _____

Refund/Transfer Amount: _____ (If unknown, leave blank)

Transfer to Sibling:

Student's School: _____

Student's Name: _____ **Student's ID Number:** _____

Transfer to Sibling – Sibling's Name: _____ **Sibling's ID Number:** _____

Sibling's School: _____

Transfer Amount: _____ (If unknown, leave blank)

Transfer Change of School:

School Transfer from: _____

Student's Name: _____ **Student's ID Number:** _____

School Transfer to: _____

Transfer Amount: _____ (If unknown, leave blank)

Parent's Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Reason for Refund/Transfer: _____

Please note that student's meal account money is automatically carried over to the next school year EXCEPT after completion of the 8th grade. If your child will not be attending a school within the Fullerton School District, please notify our office (except students graduating who will be attending high school).

Date: _____

Signature of Parent/Guardian

Date: _____

Signature of Nutrition Services Staff

Nutrition Staff Only: ATTACH A COPY OF PARTICIPATION REPORT FOR THE STUDENT.

Parents: Fill out this form completely. Sign it. Mail it to:

**Nutrition Services
Fullerton School District
389 W. Truslow Ave.
Fullerton, CA 92832**

NON-DISCRIMINATION: This institution is an equal opportunity provider.