

Meal Account Refund/Transfer Request

Purpose of submitting this form:

- Requesting a refund
- Requesting funds be transferred to: sibling or change school
- Request remaining balance be donated to Fullerton School District

Student's School: _____

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

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

Sibling's School: _____

Parent's Name: _____ Phone: _____

Mailing Address: _____

City, State Zip: _____

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

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 Cafeteria Worker _____

District 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**

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