

MEAL ACCOUNT REFUND/TRANSFER/DONATION OF FUNDS REQUEST

STUDENT'S NAME: _____ GRADE _____

STUDENT'S ID# NUMBER: _____ SCHOOL _____

PARENT'S NAME: _____

PHONE NUMBER: HM: _____ WK: _____ CELL: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

REASON FOR REFUND:

GRADUATED

TRANSFER OUTSIDE DISTRICT

OTHER, EXPLAIN _____

TRANSFER FUNDS TO: SIBLINGS'S NAME _____ GRADE _____

SIBLING'S ID# _____ SIBLING'S SCHOOL _____

DONATE LEFTOVER MONEY TO "DUNLAP GIVES BACK" TO HELP PAY FOR STUDENT MEALS.

Please note that a student's meal account money follows student from school to school and is automatically carried over to the next school year.

REFUNDS:

Please submit this form or email your request to leitner@dunlapcusd.net for all students leaving school district and are requesting refund. Students with balances greater than \$5.00 will be issued a check. Please allow 4-6 weeks for your request to be processed.

GRADUATING STUDENTS:

Students who are graduating at the end of the year may ask for refund during their lunch period if balance is \$5.00 or less. Students with balances of \$5.00 or more will need to submit this form or email your request to receive a refund. Funds can also be transferred to a sibling's account with a written or email request. Please contact Food Service Director at (309) 691-6733 if you have any questions or need clarification.

DATE: _____

Signature of Parent/Guardian

Parents: Fill out this form completely. Sign and drop off at school, email or mail to: Dunlap High School 5220 W Legion Hall Rd. Dunlap, IL 61525, Attention: Lisa Leitner or leitner@dunlapcusd.net

OFFICE USE ONLY: Amount Refunded/Transfer: \$ _____

Verified: _____ Date: _____

