

St. Francis Area Schools

Nutrition Services
4111 Ambassador Blvd. NW, St. Francis MN 55070
763-753-7015 • www.isd15.org

Lunch Account Refund or Transfer Request Form

Refund request in the amount of \$ _____

Student _____ School _____

Please send check to:

Parent or Guardian Name _____

Address/City/Zip _____

Transfer

From: Student _____ School _____

To: Student _____ School _____

Donate to Angel Fund at this School _____

Close account: Yes No

Parent or Guardian Signature _____ *(required)*

Fill out form and forward to Deb Halde, Office Professional at Nutrition.Office@isd15.org or to FAX 753-7709.

Note: If other household students have outstanding negative balances, money will be applied to those accounts before a refund is issued.

- Refunds are subject to balance verification.
- Refunds will only be issued upon approval of the Nutrition Services Department.
- Refunds may take 4-6 weeks.