

Food Service Refund Request/Balance Transfer

Email Completed form to: k12refunds@charterk12.com.

School Name: _____ Date: _____

Student Active? Yes No *If active, refund will not be issued until end of school year

1. Credit/Debit Card Refund

Amount: _____

Student Name: _____ Student #: _____

Parent name which the account is associated: _____

Parent email which the account is associated: _____

Address: _____

Phone #: _____ Payment Confirmation #: _____

Reason for Request: _____

2. Check Refund

Amount: _____

*Check refunds will only be issued if the original form of payment was made by check, money order or cash.

Student Name: _____ Student #: _____

Parent name which the account is associated: _____

Address: _____

*This address is the only address the Refund Check will be mailed to, please review for accuracy.

Phone #: _____ Email Address: _____

Reason for Request: _____

3. Balance Transfer Request

Amount: _____

Student name with balance: _____ Student #: _____

Student name to be transferred: _____ Student #: _____

School name of student receiving the funds: _____

Reason: _____

4. Donation

Amount: _____

I would like to Donate the remaining balance to the school's unpaid meal debt: Yes

Student name: _____ Student #: _____

Parent name: _____ Phone #: _____

Thank you, your donation is much appreciated!

I certify that I am authorized to make the above financial decisions.

Name: _____