



# Southeast Dubois School Corporation

432 E. 15th Street, Ferdinand, IN 47532

812.817.0900

## STUDENT PRE-PAID MEAL ACCOUNT

### Refund / Transfer Request

For students graduating or leaving the Southeast Dubois County School Corporation who have a balance remaining in their meal account, please complete this form indicating how to close the account. We must have a request in writing to process movement of funds on student school meal accounts, and also **a completed W9 form for ALL refunds**. Complete and return this form within 90 days of the student's departure from the Southeast Dubois County School Corporation; otherwise, all positive balances will be receipted back into the Food Service Program. Only amounts greater than \$5.00 will be refunded to the parent/guardian listed on the student's meal account. Lesser amounts may be transferred or paid forward. **Only in the event that a student graduates or leaves the district may a refund be processed.**

#### Reason for transfer/refund (check one)

- Left school district     
  Graduated     
  Other (specify) \_\_\_\_\_

Please choose one of the three options below:

Please check the box to indicate whether you are requesting a REFUND or would like to TRANSFER funds to another student's account within the district. Complete the information that is located below the "Checked" box .

#### Request for REFUND

Complete information below

Make Check  
Payable to: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

(City) (State) (Zip)

Phone #: \_\_\_\_\_

#### Request for TRANSFER

Complete information below

#### TRANSFER INFORMATION

Please TRANSFER funds to:

STUDENT NAME: \_\_\_\_\_

SCHOOL \_\_\_\_\_

Student ID # or Lunch # \_\_\_\_\_

Pay it Forward to donate the remaining funds to help cover other students that may need assistance.

Thank you for your donation.

#### Required

Student name: \_\_\_\_\_ School: \_\_\_\_\_

Anticipated amount of refund: \$ \_\_\_\_\_ Parent Name/Signature: \_\_\_\_\_

DISTRICT USE ONLY: The account has been verified with the balance of : AMOUNT \$ \_\_\_\_\_

Meal Account Balance Amount Zeroed Out: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Approved by: \_\_\_\_\_