

**SPRINGFIELD-CLARK CAREER TECHNOLOGY CENTER
REFUND/DONATION OF FOOD SERVICE MEAL ACCOUNT BALANCE**

If your child is a senior who is graduating or a student who has withdrawn from the district, your child might have a balance in his/her school food service meal account. You may choose to have this money refunded to you, transferred to another child's (sibling) account, or be donated to the district's general food service meal account to be distributed equally among all foodservice accounts for students having a negative balance.

All refund/transfer requests must be submitted in writing and sent to the below address, fax number, or email. Your request will be processed upon the receipt of this form and any applicable supporting documentation. You should receive the refund within 4 to 6 weeks; transfers will be done within 2-5 business days. If there is an issue with your refund/transfer you will be contacted within 1 to 2 weeks.

The requestor must be listed on the child's Free/Reduced application or other enrollment documentation on file with the Center that establishes that the requestor is eligible to receive the refund. For additional information, please consult board policy po8500 and ag8500.

The completed form and supporting documentation, if applicable, should be signed, dated, and sent to:

Springfield-Clark Career Technology Center
ATTN: Food Service Supervisor
1901 Selma Road
Springfield, Ohio 45505
Fax: 937-325-7452
Email: matthewstraight@scctc.org

PLEASE PRINT

| Student Name | Balance | Student ID# | School |
|--------------|---------|-------------|--------|
|--------------|---------|-------------|--------|

Refund Reason (i.e. graduating senior, withdrawn student):

_____ I am requesting that my child's food service account meal balance be refunded. I understand that an amount equal to or less than \$5.00 will be given in cash to my student on the last day meals are served. I understand any amount \$5.01 or greater will be mailed to me in the form of a check.

Please make check payable to: _____
Please mail check to: _____

_____ I would like the balance transferred to another child's (sibling) account. I understand this can only be transferred if this sibling is attending the same school.

