



MT. VERNON

COMMUNITY SCHOOL CORPORATION

Request for Refund or Transfer of Cafeteria Funds

Student Information:

Name _____

School Attending _____

Reason for refund: (check one)

Left School District Graduated Other (specify) _____

Please indicate how you would like to disburse the balance of your student(s) lunch account:

CHECK (will be mailed)

Requested by: _____ Relationship to Student: _____

Telephone: _____ Date of Request _____

Address: _____ City: _____ State: _____ Zip: _____

Transfer to student(s) within Mt. Vernon Schools

1. Name _____ School _____ Grade _____ Amount \$ _____

2. Name _____ School _____ Grade _____ Amount \$ _____

Donation

Please donate the balance of my student's account to the Lunch Donation Fund. These funds will be used to support students in need.

SIGNATURE _____ Date _____

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Please submit form to:
Mt. Vernon Community School Corporation Administration Building
ATTN: Food Services Department
1806 W. SR 234
Fortville, IN 46040

Refunds may take up to four weeks to process. Checks will be mailed to the name and address listed above. Transfer of funds to other students will be processed within a week from receipt of form.

Funds remaining in students' lunch accounts at the end of each school year will automatically be applied to the student's balance for the next school year. Only in the event that a student leaves the district (i.e. moves, graduates, etc) may a refund of account balance be requested via this form **within thirty (30) days** of leaving the district.

Questions? Contact the Food Service Department at 317-485-3100 ext 5109.

This institution is an equal opportunity provider.