



NUTRITION SERVICES
LUNCH ACCOUNT REFUND/TRANSFER SLIP

SPRING LAKE PARK SCHOOLS

Student's name: _____ Date: _____
First Last

Parent's Name: _____ Amount: \$ _____

Parent Signature: _____

Mail check to: _____

Please indicate whether you are requesting a refund or would like to transfer funds to another student's account within the district.

☐ **Refund**

☐ **Transfer**

Please transfer funds to:

Student Name: _____

School: _____

☐ **Donate the remainder of my child's lunch account balance to a student in need**

Please return this form to:

Spring Lake Park Schools Nutrition Services
1415 81st Avenue NE, Spring Lake Park, MN 55432

For Nutrition Services Admin. Use Only

Adjust \$ _____ Refund _____ Transfer _____ Date _____

Donation _____ Student's Name _____ Grade _____

Signature _____ Date _____