



## Meal Account Refund/Transfer Request

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Purpose of submitting this form:

Requesting a refund

Requesting funds be transferred to a sibling

Student's School: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's ID #: \_\_\_\_\_

### Transfer to Sibling:

Sibling's Name: \_\_\_\_\_

Sibling's Student ID #: \_\_\_\_\_

Sibling's School: \_\_\_\_\_

Amount to be transferred: \$ \_\_\_\_\_

### Refund (please allow 2 weeks for processing):

Make Refund Check Payable To: \_\_\_\_\_

Mail Refund Check to: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number where you can be reached: \_\_\_\_\_

Reason for Transfer/Refund: \_\_\_\_\_

Please note that a student's meal account money is automatically carried over to the next school year EXCEPT after completion of 12<sup>th</sup> grade. If your child will no longer be attending a school within the Pleasanton Unified School District, please notify our office. No refund is required for maintaining the meal account balance through the next school year.

\_\_\_\_\_  
(Printed Name of Parent/Guardian)

\_\_\_\_\_  
(Signature of Parent/Guardian)

Date: \_\_\_\_\_

For office use only:

Received: \_\_\_\_\_

Processed: \_\_\_\_\_