



Food and Culinary Services
 This institution is an equal opportunity provider.

Meal Account Refund Request
 Please return request form to: pricemar@fssd.org

Date: _____ Student Name: _____ School: _____

Reason for request:

- Transferring out of District*
- Entering High School*
- Other* _____

Please transfer balance to another active student.

Transfer from Student Name	Grade	School	Transfer to Student Name	Grade	School

- Please donate my account balance to an unpaid student account balance.**
- Please request a copy of this form for tax credit for your donation.**



REFUND full amount
Please mail check to:

Name:
Address:
City, State and Zip:
Email:
Phone:

PARENT/GUARDIAN SIGNATURE: _____ **Date** _____