

**LUNCH BALANCE REFUND**

Refunds of \$10.00 or less will be made at the school in cash  
 Refunds greater than \$10.00 will be made by check from the Nutrition Services Office

The following student, \_\_\_\_\_ is leaving or previously left the School on \_\_\_\_\_, and has a positive lunch balance. The refund will be processed in one of the following ways. **Please check one.**

- \_\_\_\_\_ **1)** The parent/guardian accepted the refund and filled out the bottom portion.
- \_\_\_\_\_ **2)** As the parent or legal guardian of the student, I donate any refund to the school to be used at the principal's discretion. \_\_\_\_\_  
 (Signature Required)
- \_\_\_\_\_ **3)** The student has transferred to another Springfield School District School, and the refund will be sent to that school.

**CASH REFUND OF \$10.00 OR LESS BY THE SCHOOL**

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Amount Requested \_\_\_\_\_ Current School \_\_\_\_\_

Cash Refunded On \_\_\_\_\_ By \_\_\_\_\_  
**Date** **School Employee**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Money received: Yes \_\_\_\_\_ No \_\_\_\_\_

**REFUNDS GREATER THAN \$10.00 PROCESSED AT THE DISTRICT OFFICE**

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Amount Requested \_\_\_\_\_ Current School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apt. /P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone# \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**THE ORIGINAL MUST BE SENT TO NUTRITION SERVICES:  
 640 A STREET, SPRINGFIELD, OR 97477**

**TO COMPLETE THE PROCESS**

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**OFFICIAL USE ONLY**

Received On \_\_\_\_\_ By \_\_\_\_\_