**Southeast Dubois School Corporation**
432 E. 15th Street, Ferdinand, IN 47532
812.817.0900

## STUDENT PRE-PAID MEAL ACCOUNT

### Refund / Transfer Request

For students graduating or leaving the Southeast Dubois County School Corporation who have a balance remaining in their meal account, please complete this form indicating how to close the account.  We must have a request in writing to process movement of funds on student school meal accounts, and also *a completed W9 form for ALL refunds*. Complete and return this form within 90 days of the student's departure from the Southeast Dubois County School Corporation; otherwise, all positive balances will be receipted back into the Food Service Program. Only amounts greater than $5.00 will be refunded to the parent/guardian listed on the student's meal account.  Lesser amounts may be transferred or paid forward. *Only in the event that a student graduates or leaves the district may a refund be processed*.

## Reason for transfer/refund (check one)

☐ *Left school district*          ☐ *Graduated*          ☐ *Other (specify)* _____

*Please choose one of the three options below:*

Please check the box to indicate whether you are requesting a REFUND or would like to TRANSFER funds to another student's account within the district.  Complete the information that is located below the  "Checked" box .

| ☐ **Request for REFUND** Complete information below | ☐ **Request for TRANSFER** Complete information below |
|---|---|
| Make Check Payable to: _____ | **TRANSFER INFORMATION** |
| Mailing Address: _____ | **Please TRANSFER funds to:** |
| (City)          (State)          (Zip) | STUDENT NAME: _____ |
| Phone #: _____ | SCHOOL _____ |
| | Student ID # or Lunch # _____ |

_____ **Pay it Forward** to donate the remaining funds to help cover other students that may need assistance. Thank you for your donation.

***Required***

Student name:_____     School:_____

Anticipated amount of refund: $_____     **Parent Name/Signature:** _____

DISTRICT USE ONLY:  The account has been verified with the balance of :  AMOUNT  $ _____
Meal Account Balance Amount Zeroed Out: $_____  Date: _____  Approved by: _____