

**Nutrition Services
Student Meal Account Form**

Student's Name(s)

School(s)

(Please select one option below):

Refund account balance of \$ _____ to address below.

Transfer entire account balance of \$ _____ to:

 Student's Name/School

Transfer \$ _____ to: _____
 Student's Name/School

And refund remaining balance of \$ _____ to address below.

Please donate \$ _____ to: _____
 Student's Name/School

Note: For students eligible for reduced price meals, account balances MAY NOT be transferred to students outside the household. Rather, such balances must be refunded to the household, transferred to a sibling, or carried over into next school year.

FOR REFUNDS over \$5.00: please provide "remit to" name and address:

Phone #:

Printed Name

Signature

Date

This institution is an equal opportunity provider.

For Office Use Only:

I certify that the requested adjustments have been completed:

District Representative's Printed Name

Signature

Date