

Cafeteria Account Refund/Transfer Form

Complete form and fax to: 469-952-5420 OR email to:

amber.evans@princetonisd.net OR

Mail to: 303 Panther Parkway

Princeton, TX 75407

Date of Request: _____

Student Name: _____

Name of School: _____

Student ID: _____ Student DOB: _____

_____ **Balance Transfer to another Student's Account**

Transfer \$ _____ (ex. \$20.00)

To Student's Name _____ (ex. Jane Doe)

Attending School _____ (ex. Harper Elementary)

OR

_____ **Refund**

Make Check Payable To: _____

Mailing Address: _____

Parent/Guardian Signature: _____

Signature required to process refunds and transfers

FOR OFFICE USE ONLY:

Date: _____

Amount Mailed: _____

Amount Transferred: _____

Director/Secretary Signature: _____

