



Application for Refund, Transfer or Donation
to/from Student Meal Account
Hanover Nutrition Services
14525 Wicker Ave
Cedar Lake IN 46303

Students Name _____

Student's Account Number (if known) _____

School _____

Refund Amount _____ OR

Transfer to Sibling _____ OR
(Full Name or Student ID)

Donate to Lunches of Love Yes _____ No _____

Special Request for Donation: _____

Refunds ONLY (Must be Filled Out)

Mailing Information / Payable To:

Name _____

Address _____

(REQUIRED FOR ALL) Parent Signature _____

Date _____

Please submit this completed form to your school office or nutrition services. All refunds are subject to any balance owed to Nutrition Services for charged meals. Checks will be cut and mailed to the above address once the School Board approves the refund. This process may take up to 8 weeks. Any questions or concerns please contact Angel Hoover, Support Service Secretary ahoover@hanover.k12.in.us or Michelle Philipp, Nutrition Services Director mphilipp@hanover.k12.in.us forms can also be faxed to 219-374-3898.