

Refund/Transfer Request

Please fill out the below form to request a refund of money remaining on your child's account in the event of withdrawal from the school district.

Graduating students may use this form to transfer remaining funds to a sibling still enrolled in the district or request a refund.

Student with Balance: _____ School: _____

Student Account Number: _____ Balance on Account: \$ _____

Reason for request: _____

Refund:

Parent (Guardian) Name: _____

Parent (Guardian) Address: _____

City: _____ State: _____ Zip: _____

Transfer:

Student Receiving Transfer: _____ Current School: _____

Student Account Number: _____ Balance to be Transferred: \$ _____

Signature of Parent (Guardian): _____ Date: _____

Submit completed form to the Food Service Office, or e-mail to jweisman@somersschools.org

For Office Use Only

Signature of School Lunch Manager

Authorized Purchasing Agent