

**Request for Lunch Account Refund, Transfer, or Donate**  
**SY 2023-2024**

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Address (to mail check to): \_\_\_\_\_

Parent/Guardian Requested By: \_\_\_\_\_

(please print above and this is who check will be made payable to)

Amount: \_\_\_\_\_

If requesting a transfer, please indicate the name of the account you'd like funds transferred to: \_\_\_\_\_

Please return completed requests to [toni.perrin@sccboe.org](mailto:toni.perrin@sccboe.org). Allow 10-14 days for processing.

\*\*Please note if refund is \$20.00 or less, a cash refund can be given on site at the lunchroom. If refund is \$20.01 or above a check will be issued from the St. Clair County Board of Education Office