

TRUMBULL PUBLIC SCHOOL
FOOD SERVICE DEPARTMENT

MEAL ACCOUNT REFUND/TRANSFER OF FUNDS REQUEST

Student's Name: _____ Grade: _____
Student's Bar Code #: _____ School: _____
Student's ID #: _____

Parent's Name: _____
Phone Number: Home: _____ Work: _____ Cell: _____
Mailing Address: _____
City, State, Zip Code: _____

Refund

Reason for Transfer/Refund:

- Graduated Transfer – Outside District
 Other, Explain _____

Transfer funds to: Sibling's Name: _____ Grade: _____
Sibling's Bar Code #: _____ Siblings: ID #: _____

Please note that a student's meal account money is automatically carried over to the next school year EXCEPT after completion of the 12th grade. If your child will not be attending a school within the Trumbull School District his/her money can be transferred to a sibling in your family or refunded after fully completing this form. If you participate in the MYSCHOOLBUCKS.com remove the child from the account and stop all automatic payments being made. Please allow 30 days for your request to be processed. Contact Trumbull Food Services 203-452-4500 if you have any questions or clarifications.

Signature of Parent/Guardian Date

Parents: This form must be filled out completely. Sign it and mail to:
Trumbull Public Schools, Food Services Department,
6254 Main Street, Trumbull, CT 06611

Email request to Istolba@trumbullps.org

Office Use Only:

Trumbull: Verify Amount of Transfer or Refund: \$ _____

____ Refund Amount of Refund \$ _____ Date of Refund: _____

____ Transfer Amount of Transfer \$ _____ Date of Transfer: _____

____ MySchoolBucks turned off Date: _____