



ZIONSVILLE COMMUNITY SCHOOLS
FOOD SERVICE DEPARTMENT
900 Mulberry Street
Zionsville, IN 46077
317- 873-1232

REQUEST FOR REFUND OR TRANSFER OF FUNDS

(Online version available at www.zcs.k12.in.us or [Click here](#))

Student Information:

Parent/Legal Guardian (made payable to) _____
(Please Print)

Student Name(s): _____ School: _____ Lunch ID (if known) _____

Student Name(s): _____ School: _____ Lunch ID (if known) _____

Reason for transfer/refund (check one)

☐ Left school district ☐ Graduated ☐ Other (specify) _____

Please choose one of the three options below:

Option 1	☐ Transfer TO student account
Name _____ Lunch ID (if known) _____ Amount _____	
Name _____ Lunch ID (if known) _____ Amount _____	
Option 2	☐ Refund Check (mailed)
Parent/Legal Guardian information:	
Telephone: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Option 3	☐ Donate balance to a ZCS student in need.

Parent/Guardian Signature _____

Email completed form to: zcscafes@zcs.k12.in.us or mail completed form to:
EDUCATIONAL SERVICES CENTER
ATTN: Food Service Office
900 Mulberry Street.
Zionsville, IN 46077

Internal Office Use Only	Amt. \$ _____
Food Service Signature/Date _____	Approval _____
Acct# <u>8400</u>	F. S. Director/Date _____
	7/06/20