

Bainbridge Island School District
Food & Nutrition Services

Student Meal Account Refund/Transfer Request Form

Mail form to: BISD, 8489 Madison Ave. NE, Bainbridge Island, WA 98110
Attn: Food & Nutrition Services

Fax form to: 206-842-1640

Email form to: NutritionServices@bisd303.org

This section to be completed by the Requestor:

Date of Request: _____

Student Name: _____ School/Grade: _____

Student Name: _____ School/Grade: _____

Student Name: _____ School/Grade: _____

Refund Request

Parent/Guardian Name (Please Print): _____

Mailing Address: _____

Balance Transfer to Another Student's Account

Transfer Amount: \$ _____

To: Student Name: _____ School/Grade: _____

Parent/Guardian Signature: _____

This section to be completed by BISD:

Amount of Refund: _____

Date Refund Check Mailed: _____

Check # _____

Account Code: 10.R.960.9800.22.0000.0000.0000.0