

MEAL ACCOUNT REFUND/TRANSFER OF FUNDS REQUEST

Student's Name: _____ ID Number: _____ School: _____

Parent's Name: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____

Mailing Address: _____

City _____ State _____ Zip Code: _____

Reason for Refund:

- Graduated Donate funds to a negative account
- Transfer Outside District
- Other (Explain) _____
- Transfer funds to Sibling: Name _____ Grade _____

Sibling's ID# _____ Sibling's School _____

Please note that a student's meal account money is automatically carried over to the next school year EXCEPT after completion of the 8th grade. If your child will not be attending a school within the Lowell Joint School District his/her money will be transferred to a sibling in your family, donated at your request to a negative account, or refunded after completion of this form. **Please allow 30 days for your request to be processed.** Please contact the Nutrition Services Branch office at (562) 902-4296 if you have any questions or need clarification.

Signature of Parent/Guardian Parents: _____ Date: _____

Fill out this form completely. Sign it and mail to:

Lowell Joint School District

11019 Valley Home Avenue, Whittier, Ca 90603-3098

Attention: Nutrition Services

Office Use Only: Amount Refunded/Transfer: \$ _____ Verified: _____ Date: _____