



Meal Account Refund/Transfer Request

Purpose of submitting this form:

- Requesting funds be transferred to a sibling
- Requesting a refund
- Donating to Angel Fund – to help pay off school meal debt

Student's School: _____

Student's Name: _____

Student's PowerSchool ID #: _____

TRANSFER REQUEST

Sibling's Name: _____

Sibling's PowerSchool ID #: _____

Sibling's School: _____

REFUND REQUEST

Make Refund Check Payable To: _____

Mail Refund Check to:

Street Address: _____

City, State, Zip: _____

Phone Number where you can be reached: _____

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

Date: _____

<p>For office use only:</p> <p>Received: _____</p>
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