

La Center School District

Food Services

Request for Food Service Account Balance Transfer, Donation or Refund

Student's Name: _____ Grade: _____

Reason: _____ Withdrawing _____ Graduating _____ Other: _____

_____ **TRANSFER** to a sibling or other student's account (specify below):

_____ **DONATE** to student Meal Account Donation Fund

_____ **REFUND** to the address provided below

Please Print:

Payor/Requestor Name*: _____

Email address: _____

Mailing address: _____

Phone: _____

*Payor/Requestor is listed as a parent or guardian for this student on the Skyward system and was responsible for payments to the student's meal fund.

Signature _____ Date: _____

Requests will be held and processed at the end of the current school year for all seniors. Students withdrawing mid-year will be processed after the student is shown as inactive on the Skyward system.

If no request is filled out for withdrawing or graduating students, balances remaining will automatically be transferred to an active sibling's account unless this form is filled out requesting otherwise.

Return this form to any school office or email to kirby.phillips@lacenterschools.org.