

# 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. Any outstanding fines owed by the student will be paid using food service balances before any refunds will be issued.

**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](mailto:kirby.phillips@lacenterschools.org).