



ZIONSVILLE COMMUNITY SCHOOLS
FOOD SERVICE DEPARTMENT
900 Mulberry Street
Zionsville, IN 46077
317- 873-1232

REQUEST FOR REFUND OR TRANSFER OF FUNDS

(Online version available at www.zcs.k12.in.us or [Click here](#))

Student Information:

Parent/Legal Guardian (made payable to) _____
(Please Print)

Student Name(s): _____ School: _____ Lunch ID (if known) _____

Student Name(s): _____ School: _____ Lunch ID (if known) _____

Reason for transfer/refund (check one)

- Left school district Graduated Other (specify) _____

Please choose one of the three options below:

Option 1	<input type="checkbox"/> Transfer TO student account	
Name _____	Lunch ID (if known) _____	Amount _____
Name _____	Lunch ID (if known) _____	Amount _____
Option 2	<input type="checkbox"/> Refund Check (mailed)	
Parent/Legal Guardian information:		
Telephone: _____		
Address: _____ City: _____ State: _____ Zip: _____		
Option 3	<input type="checkbox"/> Donate balance to Lunch Angel Program (LAP)	
Funds are used to help a ZCS student in need. http://www.lunchangelprogram.org		

Parent/Guardian Signature _____

Email completed form to: zcscafes@zcs.k12.in.us or mail completed form to:
EDUCATIONATL SERVICES CENTER
ATTN: Food Service Office
900 Mulberry Street.
Zionsville, IN 46077

Internal Office Use Only	Amt. \$ _____
Food Service Signature/Date _____	Approval _____
Acct# <u>8400</u>	F. S. Director/Date _____
	9/24/19