

WEST CLARK COMMUNITY SCHOOLS

601 Renz Avenue, Sellersburg, IN 47172

812.246.3375

FOOD & NUTRITION SERVICES

CAFETERIA TRANSFER REQUEST FORM

Date of Request: _____

Requested By: _____

*Requester must be either the student or guardian of student.

Relationship to Student: _____

Amount of Transfer: _____

Transfer from Student/Adult Account of: _____

Transfer to Student/Adult Account of: _____

Signature of Office Personnel, if applicable: _____

Submit in person, by mail at above address or via email to cafeteria@westclarkschools.com

For Central Office use only

Processed by: _____ Date: _____
