



ZIONSVILLE COMMUNITY SCHOOLS
 FOOD SERVICE DEPARTMENT
 5565 South 700 East
 Whitestown, IN 46075
 317- 873-1232
 FAX 317-769-6097

REQUEST FOR REFUND OR TRANSFER OF FUNDS

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:
 Zionsville West Middle School
 ATTN: Food Service Department
 5565 S. 700 E.
 Whitestown, IN 46075

Internal Office Use Only	Amt. \$ _____
Food Service Signature/Date _____	Approval _____
Acct# <u>8400</u>	F. S. Director/Date _____
	5/9/18