Refund/Transfer Request of Meal Account Balances – All Schools

Parents/Guardians of students may request a refund or a transfer of money from their meal account. Complete the following information. If requesting a refund/transfer for more than one student's account, please complete only one form.

Student _____ **School Attending**_____ **Positive Balance** _____
Student _____ **School Attending**_____ **Positive Balance** _____
Student _____ **School Attending**_____ **Positive Balance** _____
Student _____ **School Attending**_____ **Positive Balance** _____

Please check school(s) student(s) attends:

☐ **Camargo** ☐ **Mapleton** ☐ **Mt. Sterling Ele.** ☐ **McNabb**

☐ **MCHS** ☐ **Northview**

Where refund check is to be mailed: Parent/Guardian Name: _____
Street/Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone #: _____

Please check one:

☐ Full refund leaving a zero account balance
☐ Partial refund leaving a balance for ala carte purchases
If more than one student, please list names and amounts to be left on account

Student _____ **School Attending**_____**Amount to be left on account** _____
Student _____**School Attending**_____**Amount to be left on account** _____
Student _____ **School Attending**_____ **Amount to be left on account** _____
Student _____**School Attending**_____**Amount to be left on account** _____

Transfers

Student _____**School Attending**_____**Amount to be transferred** _____
Student _____ **School Attending**_____ **Amount to be transferred**_____
Student _____**School Attending**_____**Amount to be transferred** _____
Student _____**School Attending**_____**Amount to be transferred** _____

* Please allow 4 – 6 weeks to receive refund check.

Please return form to:
Montgomery County Schools Food Service
640 Woodford Drive
Mt. Sterling, KY 40353

Fax to:
859-497-4369

E-mail to:
april.johnson@montgomery.kyschools.us

USDA is an equal opportunity provider and employer.

For Office Use Only: Amount to be refunded _____

PO#_____

Revised 7/30/18