

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.

Complete for full refund:

Student Name	School Attending
Student Name	School Attending
Student Name	School Attending

Where refund check is to be mailed:

Parent/Guardian Name	Daytime Phone Number		
Street/Mailing Address	City	State	Zip Code

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

Complete for transfer to another student:

Student Name (Transfer From)	Student Name (Transfer To)	\$ Amount
Student Name (Transfer From)	Student Name (Transfer To)	\$ Amount
Student Name (Transfer From)	Student Name (Transfer To)	\$ Amount

Please return form to:
 Montgomery County Schools Food Service
 3400 Indian Mound 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# _____