Refund/Transfer Request

Purpose of submitting this form:

☐ **Requesting a refund**

☐ **Requesting funds be transferred to a sibling**

☐ **Requesting funds be transferred to District's Good Samaritan Account for students in need**

Student's School: _____

Student's Name: _____

Student's Permanent ID #: _____

(If Transfer) Transfer to Sibling:

Sibling's Name: _____

Sibling's Permanent Student ID #: _____

Sibling's School: _____

(If Refund)

Make Refund Check Payable To: _____

Mail to Street Address: _____

City, State, Zip: _____

Phone Number where you can be reached: _____

Reason for Transfer/Refund: _____

_____

Please note that a student's meal account money is automatically carried over to the next school year EXCEPT after completion of 12th grade. If your child will no longer be attending a school within the Irvine Unified School District, please notify our office. No refund is required for maintaining the meal account balance through the next school year.

_____
(Printed Name of Parent/Guardian)

_____
(Signature of Parent/Guardian)

Date: _____

For office use only:

Date Received: _____

Date Processed: _____

Staff Initials: _____