

**MSD WASHINGTON TOWNSHIP
CHILD NUTRITION SERVICES
Request for Refund or Transfer of Funds**

Student Information:

Students Name _____

Attending school at _____

Expected Amount of refund: _____ **Reason for refund: (check one)**.....

Left school district Graduated Other (specify) _____

Please indicate how you would like to receive refund:	
<i>CHECK MAILED</i>	
Requested by: _____	Relationship to Student: _____
Telephone number: _____	Date of Request: _____
Address: _____	City: _____ Zip: _____
<hr/> <i>TRANSFER TO STUDENT(S) IN WASHINGTON TOWNSHIP</i> <hr/>	
Student Name: _____	School: _____ Grade: _____ Amount: _____
Student Name: _____	School: _____ Grade: _____ Amount: _____

PARENT SIGNATURE: _____

Please submit form to:
MSD Washington Township
Community and Education Center (CEC)
Attn: Child Nutrition Department
8550 Woodfield Crossing Boulevard
Indianapolis, In 46240

Refunds below \$20.00 may be processed at the school cafeterias. If more than \$20.00, it will be processed by the Child Nutrition Office in the CEC and it will take 4 -6 weeks to process because it has to be approved by the Board of Directors. Checks will be mailed to the name and address listed above.

Funds remaining in students account at the end of each school year will automatically be applied to the students' balance for the next school year. Only in the event that a student leaves the district may a refund of balance be requested. A written request (this form) must be submitted within 30 days of the end of the school year or 30 days after the student leaves the district in order for the balance to be refunded.

Questions or problems? Contact Child Nutrition at 317-205-3332

For school use and Office only:

Processed by: _____ Date: _____