



2016 Graduating Senior LUNCH ACCOUNT REFUND/TRANSFER REQUEST

Please indicate whether you are requesting a refund, wish to transfer funds to a sibling within the district or wish to donate the balance to a needy student's lunch account. Cash will be issued for any amount under \$10.00. See the Cashier

REFUND

TRANSFER

DONATE

Date: _____

Student's Name: _____

PIN # _____

Student ID #: _____

Amount of Refund: \$ _____

Parent Name: _____

Mail Check to: _____

TRANSFER INFORMATION

Please transfer funds to:

Student Name: _____

School: _____

PIN #: _____

Student ID: _____

For Admin. Use Only:

____ Adjust \$ ____ Print 2 receipts ____ Prepare Voucher

Checks will be issued for refunds greater than \$10.00; please return this form to:
Hopkins ISD 270 • Student Nutrition & Lifestyle Services • 1001 Highway 7 • Hopkins, MN 55305