

St. Francis Area Schools

Nutrition Services

4111 Ambassador Blvd NW, St. Francis MN 55070

763-753-7015 • www.isd15.org

Lunch Account Transfer or Refund Request Form

Transfer/refund request in the amount of \$ _____

From: Student _____ School _____

To: Student _____ School _____

Or, donate to: Angel Fund at School _____

Or, please send check to:

Parent or Guardian Name _____

Address/City/Zip _____

Parent or Guardian Signature _____ *(required)*

Close account: Yes No

Please forward this document to the Nutrition Services Office for processing.

Note: If other household students have outstanding negative balances, money will be applied to those accounts before a refund is issued.

- Refunds are subject to balance verification.
- Refunds will only be issued upon approval of the Nutrition Services Department.
- Refunds may take 4-6 weeks.