



HBCSD Food & Nutrition Services

Lunch Account Refund Request

to be completed by the parent or guardian of the account holder

If you have funds left in your student's lunch account, we will gladly transfer the remaining balance to siblings or friends within HBCSD or issue a refund.

Please send this completed form to Michelle VanHorn at mvanhorn@hbcasd.us

Name of Student: _____ Date: _____

Student ID #: _____ School: _____

Name of Parent/Guardian: _____

I would like to:

- ☐ Transfer balance to another student
- ☐ Request a refund

FOR ACCOUNT BALANCE TRANSFERS

Transfer Balance to:

Student Name: _____ Student ID #: _____ Amount: \$ _____

FOR REFUND REQUESTS

Reason for Refund:

- ☐ Withdrawal
- ☐ Promotion to High School
- ☐ Other: _____

Direct Refund to:

Payable to: _____ Phone #: _____

Mailing Address: _____
Street City State Zip

The Food & Nutrition Services Department is not responsible for any lost check in the mail and will not reissue a refund if the loss occurs.

Contact the Food & Nutrition Services Department with any questions at 714-378-2076

For office use only

Request Received: ____/____/____

Request Approved: _____