

BREVARD PUBLIC SCHOOLS

REQUEST FOR REFUND OR TRANSFER OF CAFETERIA FUNDS

Stude	ent Name:		Student	ID #:	
Name	e of School:		Date of F	Request:	
Reaso	on for Refund (check one)	Left School District Grad	uated Other:_		
Please	e check the box to indicate h	ow you would like to disburse the	balance of your ch	ild's lunch ac	ccount:
,	Transfer to Other St	tudent(s) within Brevaro	l Public Schoo	ols:	
Nan	me:	School_		_Grade	Amount
Nan	me:	School		_Grade	Amount
	Donate: Please donate the generosity.	ne balance of my child's account t	o support students	n need. We	appreciate your
]	Refund Check (will be	mailed):			
Rec	quested by:	Relat	ionship to Student:		
Add	dress:	City:		State	e:Zip:
Pho	one Number:E-mail Address:				
pr	revent your method of pay	y Auto Replenish features you ment from being automatically ed off Auto Replenish features	y charged when th	is form is p	processed.**
Pare	ent/Guardian Signature			Date:	
quest		ed, or faxed to the Office of Food act FNS at (321) 633-1000 x11690,			ou have any
гопе					
rone	npbesk(a:b) eval dselloois.ofg.	Mailing Address: Brevard Pub Food & Nutr 2700 Judge F Viera, FL 32	ran Jamieson Wa	y	
Refu	nds are subject to approval a	2700 Judge F	Fran Jamieson Wa 940 ess. Checks will be n	•	name and address listed
Refun above For y	nds are subject to approval a e. Transfer of funds will be p your convenience, funds rema	2700 Judge F Viera, FL 32 and may take 3 – 6 weeks to proce	Fran Jamieson Wa 940 ess. Checks will be n eceipt of form. at the end of each sc	nailed to the	
Refunabove For y	nds are subject to approval a e. Transfer of funds will be p your convenience, funds rema	2700 Judge F Viera, FL 32 and may take 3 – 6 weeks to proce rocessed within one week upon ro aining in student lunch accounts a	Fran Jamieson Wa 940 ess. Checks will be n eceipt of form. at the end of each sc pport students in n USE ONLY:	nailed to the	ll automatically roll to th