



BREVARD PUBLIC SCHOOLS FOOD & NUTRITION
REQUEST FOR REFUND OR TRANSFER OF CAFETERIA FUNDS

Student Name: _____ Student ID #: _____

Name of School: _____ Date of Request: _____

Reason for Refund (check one) Left School District Graduated Other: _____

Please check the box to indicate how you would like to disburse the balance of your student(s) lunch account:

Transfer to student(s) within Brevard Public Schools:
Name: _____ School _____ Grade _____ Amount _____
Name: _____ School _____ Grade _____ Amount _____

Donate
Please donate the balance of my student's account to the Lunch Angel Fund to support students in need.
We appreciate your generosity.

Refund Check (will be mailed):
Requested by: _____ Relationship to student: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____

Please be sure to turn off any Auto Replenish features you have set up on your mypaymentsplus.com account
to prevent your method of payment from being automatically charged when this form is processed.

I have turned off Auto Replenish features in My Payments Plus or I did not use this feature.
(Please initial for confirmation)

Parent/Guardian Signature: _____ Date: _____

This request can be mailed, emailed, or faxed to the Office of Food & Nutrition Services (FNS). If you have any questions, please feel free to contact FNS at (321) 633-1000 x690, Fax (321) 633-3566 or Email ESHelpDesk@Brevardschools.org.

Mailing Address: Brevard Public Schools
Food & Nutrition Services
2700 Judge Fran Jamieson Way
Viera, FL 32940

Refunds are subject to approval and may take 3 – 6 weeks to process. Checks will be mailed to the name and address listed above. Transfer of funds will be processed within one week upon receipt of form.

For your convenience, funds remaining in student lunch accounts at the end of each school year will automatically roll to the next school year.

FOR OFFICE USE ONLY:
PROCESSED BY: _____ DATE PROCESSED: _____