

BREVARD PUBLIC SCHOOLS

REQUEST FOR REFUND OR TRANSFER OF CAFETERIA FUNDS

Stude	ent Name:		Student ID #:
Name of School:			Date of Request:
Reaso	on 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 child's lunch account:			
Transfer to Other Student(s) within Brevard Public Schools:			
Nan	ne:	School	GradeAmount
Nan	ne:	School	GradeAmount
Donate: Please donate the balance of my child's account to support students in need. <i>We appreciate your generosity</i> .			
Refund Check (will be mailed):			
Rec	Requested by:		
Add	lress:	City:	State:Zip:
Pho	Phone Number:E-mail Address:		
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.			
(Please initial for confirmation)			
Pare	ent/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 x11690, Fax (321) 633-3566 or Email			
<u>rsne</u>	lpDesk@Brevardschools.org.	Mailing Address: Brevard Public Scho Food & Nutrition Se 2700 Judge Fran Jan Viera, FL 32940	rvices
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. Funds remaining inactive for three years may be donated to support students in need.			
[FOR OFFICE USE ONI	LY:
	PROCESSED BY:		DATE PROCESSED: