STUDENT MEAL ACCOUNT REFUND FORM

ALL REFUND CHECKS ARE MAILED TWO TO FOUR WEEKS AFTER REQUEST

☐ Refund Request (fill out part 1)

☐ Transfer Request (fill out part 1 & 2)

Part 1

School: Date:

Student Name(s): STN#:

Parent Or Guardian:

Address:

Address:

Signature:

Part 2

*If transferring funds between student accounts please state student names below.

Transfer from:	Transfer to:
Student Name	Student Name
Student ID	Student ID
School	School

Please submit completed form personally, mail, email or fax to:

Culver Community Schools Corp
Attn: Casey Howard, Treasurer
700 School St
Culver, IN 46511
Email: choward@culver.k12.in.us
Fax: 574-842-4615