

**Mississinewa Community School Corporation
Nutrition Services**

Request for refund or transfer of funds

Student Information:

Name(s) _____

School(s) _____

Reason for refund (check one):

Left school district Graduated Other (specify) _____

Anticipated amount of refund: _____

Please indicate how you would like to receive refund:

<input type="checkbox"/> Check (mailed)
Parent/Legal Guardian to make payable to _____
Telephone: _____
Address: _____ City: _____ ST: _____ Zip: _____
<input type="checkbox"/> Transfer within student accounts
<u><i>Transfer to student(s) account</i></u>
1) Name _____ School _____ Grade _____ Amount _____
2) Name _____ School _____ Grade _____ Amount _____

SIGNATURE _____ **DATE** _____



Please submit form to:
Mississinewa Community School Corporation
ATTN: Nutrition Services Department
424 East S. "A" St.
Gas City, IN 46933

Refunds will be processed within 1-2 weeks upon receipt of this request. Payment in the form of a check will be mailed to the name listed above at the address listed above. In the event that the actual refund amount differs from the anticipated amount, the person who completed this form will be contacted.

Questions? Please contact:
Amanda Worrick, Director of Child Nutrition
765-677-4423
amanda_worrick@olemiss.k12.in.us

-IMPORTANT-

"Funds remaining in students' Nutrition Services accounts at the end of each school year will automatically be applied to the student's balance for the next school year. Only in the event that a student leaves the district (i.e. moves, graduates, etc.), may a refund of account balance be requested. A written request (this form) must be submitted within 30 days of the end of the school year or 30 days after the student leaves the district in order for the balance to be refunded."