

**MSD Lawrence Township
Food and Nutrition Services**

REQUEST FOR REFUND OR TRANSFER OF CAFETERIA FUNDS

Student Information

Name(s) _____
School(s) _____

Reason for refund (circle one)

Left School District Graduated Other (specify) _____

Please indicate how you would like to disburse the balance of your student(s) meal account

CHECK (will be mailed)

IMPORTANT: Turn off any automatic payments set up in PayPams before submitting form

Parent/Legal Guardian (made payable to) _____

Address _____ Apt _____

City _____ State _____ Zip _____

***Please allow 4-6 weeks for refunds to be completed due to required audit documentation processing.**

Transfer to student(s) within Lawrence Township Schools

1. Name _____ School _____ Grade ____ Amount _____

2. Name _____ School _____ Grade ____ Amount _____

***Transfer of funds to other students will be processed within a week from receipt of completed form.**

Donation

Please donate the balance of my student(s) account(s) to the Random Acts of Kindness Fund
These funds will be used to support students in need

SIGNATURE _____ **Date** _____

Please submit completed form to:

MSD Lawrence Township
Attn: Food and Nutrition Services
6501 Sunnyside Rd
Indianapolis, IN 46236

IMPORTANT:

As of June 30 of each year, balances for graduating seniors will no longer be reported in PayPams. Food and Nutrition Services will have access to balance files and if parents have not requested a refund or transfer, they may still do so up to June 30th of the following year. After this, any remaining funds will be donated to the Random Acts of Kindness Fund.

Completed form may also be emailed to: valerieclements@msdl.t.k12.in.us