

Cafeteria Account Refund/Transfer of Funds Request

Student's Name: _____ Grade _____

Student's 9-Digit ID Number: _____ School _____

Parent's Name: _____

Contact Phone Number: _____
(Please indicate Home, Work, or Cell)

Mailing Address: _____

City, State, Zip Code: _____

Reason for Refund:

- Graduated
- Transfer Outside District
- Other, Explain _____
- Transfer funds to: Sibling's Name _____ Grade _____
Sibling's ID# _____ Sibling's School _____

Please note that a student's cafeteria account balance is automatically carried over to the next school year except upon his/her completion of the 12th grade. If your child will not be attending a school within the Long Beach Unified School District his/her account balance will be refunded after completion of this form. Please allow 30 days for your request to be processed. Please contact the Nutrition Services Branch office at (562) 427-7923 and ask for a training specialist if you have any questions or need further assistance.

_____ Date _____ Signature of Parent/Guardian

Parents: Fill out this form completely. Sign it and mail or fax to (562) 988-0263:

**Long Beach Unified School District
Nutrition Services Branch
3333 Airport Way
Long Beach, CA 90806
Attention: Operations & Training Specialists**

Office Use Only: Amount Refunded/Transfer: \$ _____
Verified: _____ Date: _____ Operations & Training Specialist