

Greenwood Community School Corporation

Food Service

Request for refund or transfer of funds

Student information:

Names(s) _____

School(s) _____

Reason for refund (check One):

Left school district Graduated Other (specify)

Parent/Legal Guardian to make payable to _____

Telephone: _____

Address: _____ City _____ ST: _____ Zip: _____

Or Transfer within student accounts

List Student(s) Names

Name _____ School _____ Grade _____ Amount _____

Name _____ School _____ Grade _____ Amount _____

SIGNATURE _____ **DATE** _____

Please submit form to:

Greenwood Community School Corporation

ATTN: Food Service

605 W. Smith Valley Road

Greenwood, IN 46142

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.

Funds remaining in students' 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 balances to be refunded.