

Freetown Lakeville Regional School District
MEAL ACCOUNT REFUND/TRANSFER OF FUNDS REQUEST

Student's Name: _____ Grade: _____
Student's 6-Digit ID Number: _____ School: _____

Person Responsible for Payment

Name: _____
Phone Number: Home: _____ Wk: _____ Cell: _____
Mailing Address: _____
City, State, Zip Code: _____

Reason for Transfer/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 meal account money is automatically carried over to the next school year EXCEPT after completion of the 12th grade. If your child will not be attending a school within the Freetown-Lakeville RSD his/her money can be transferred to a sibling in your family or refunded after completion of this form. Please allow 30 days for your request to be processed. Please contact Food Services at 508-947-2660 ext. 1146 if you have any questions or need clarification.

Required Documents:

- **If Payment was made through PayFort:** Please include a copy of the transaction(s) located in Payment History tab, or receipt of transaction
- **If Payment was made by check:** Please include a copy of the cleared/ cancelled check

Signature of Payee

Date

Parents: Please fill out this form completely. Sign it and mail to:

Food Services
100 Howland Rd
Lakeville, MA 02347

Office Use Only:

Food Service: Verify Amount of Transfer or Refund: \$ _____ Verified By: _____

FLRSD Business Department

Requisition # _____ Date: _____
_____ Refund Amount of Refund \$ _____ Date of Refund: _____ Ck #: _____ Initials: _____

Food Service: Entered in QSP

_____ Transfer Amount of Transfer: \$ _____ Date of Transfer _____ Initials: _____
_____ Refund Amount of Refund \$ _____ Ck# _____ Date of Refund: _____ Initials: _____