

Student Meal Account Balance Options

We must have a request in writing to process movement of any funds on your student's school meal account. Please print clearly. All requests that are not legible or not filled out correctly will be subject to denial of request.

Part A: Current Information

Student Name: _____
School: _____
Primary Payor Name (please print clearly): _____
Primary Payor Signature: _____
Contact Information: _____
Date: _____

Please Check One Per Request:

- ☐ I wish to transfer all of my fund to another Primary Payors account (Complete Part A & B)
☐ I wish to request a lunch account adjustment on my students account (Complete Part A & C)
☐ I wish to request a lunch balance refund check (per Primary Payor) (Complete Part A & B)

Transfer/ Refund

Part B: To Transfer Funds to another account or request a lunch account refund please complete the following information:

Transfer funds TO/ current student(s):

Student Name: _____
Primary Payor Name: _____
Amount Transferred/ Refunded _____
Address: _____

Lunch Adjustments

Part C: Please attach a separate letter including specific dates, location, what your student was wearing, reasons for the adjustment on your student account and any other relevant information regarding this request. We take these request seriously and will follow up with all parties involved including but not limited to reviewing security camera footage. Please note that due to our books being closed after the calendar month that all adjustments need to be made before the calendar close. Your attention to your student lunch account and prompt request is appreciated. Please note that there might be a follow up phone call to discuss the adjustments.

To submit your request or have questions please E-mail this form to BOTH:

Christa Hackert, School Accountant
chackert@cedarburg.k12.wi.us

Laura Augustine, Food Service Director
laugustine@cedarburg.k12.wi.us