

Meal Account Refund/Transfer Request

Purpose of submitting this form:

- Requesting a refund
- Requesting funds be transferred to a sibling

Student's School: _____

Student's Name: _____ Student's ID Number: _____

Transfer to Sibling – Sibling's Name: _____ Student's ID Number: _____

Sibling's School: _____

Parent's Name: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Refund/Transfer Amount: _____

Reason for Refund/Transfer: _____

Please note that student's meal account money is automatically carried over to the next school year. If you child will not be attending a school within the Ruidoso School District, please notify our office.

No refund is required for maintain the balance.

Date: _____

Signature of Parent

Date: _____

Signature of Cafeteria Worker

Parents: Fill out this form completely. Sign it. Mail it to:

**Nutrition Services
Ruidoso School District
200 Horton Circle
Ruidoso, NM 88345**