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.

Adjustment completed on   Date: _____ By: _____

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