



TRI-CREEK SCHOOL CORPORATION

Food & Nutrition Services
19250 Cline Avenue, Lowell, IN 46356

Application for a Refund, Transfer, or Donation Student's Meal Account

Student's Name: _____

Student's Lunch Account Number (if known): _____

Refund Amount: \$ _____ (If balance is under \$5.00, a refund will not be issued. The balance may be transferred to another student or donated to the Feed Them Forward Program.)

Transfer Amount to Sibling: \$ _____ Student's Full Name: _____

Donate Amount to Feed Them Forward: \$ _____

ONLY Refund Requests need to fill out payee and mailing information:

Payable To: _____

Address: _____

REQUIRED FOR ALL REQUESTS

Parent/Guardian Signature: _____

Date: _____

Please submit this completed form to your school, scan/email to Julie Boyer, jboyer@tricreek.k12.in.us, or fax to 219-690-2620. All refunds or transfers are subject to any balance owed to Food & Nutrition Services for charged meals. Checks will be processed and mailed to the above address after School Board approval. The refund process could take up to eight (8) weeks. All transfers and donations will be completed within two (2) weeks.