

**MONROE PUBLIC SCHOOL
SODEXO FOOD SERVICE**

MEAL ACCOUNT REFUND/TRANSFER OF FUNDS REQUEST

Please Print

Student's Name: _____ Grade: _____

Student's ID #: _____ School: _____

Parent's Name: _____

Phone Number: Home: _____ Cell: _____

Mailing Address: _____

City, State, Zip Code: _____

Refund

Reason for Transfer/Refund:

- Graduated Moved Out of District
- Other, Explain _____

Transfer funds to:

Name: _____ Grade: _____

Siblings: ID #: _____

Please note that a student's meal account funds are 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 Monroe Public Schools, the funds can be transferred to a sibling in your family or refunded after fully completing this form. If you participate in the MYSCHOOLBUCKS.com, remove the child from the account and stop all automatic payments being made. Please allow 30 days for your request to be processed. Contact Sodexo Food Services 203-261-5162 if you have any questions or clarifications.

Signature of Parent/Guardian

Date

Sign it and mail to: Masuk High School, Attn: Sodexo Food, Service,
1014 Monroe Turnpike, Monroe CT 06468
Or Email request to hcoito@monroeps.org

Office Use Only	
Amount of Refund \$ _____	Amount of Transfer \$ _____
_____ Signature of Sodexo Manager	_____ Date

