



**Walnut Valley Unified School District**  
**Nutrition Services Department**  
 880 South Lemon Avenue, Walnut, CA 91789 (909) 595-1261 ext. 31322

"KIDS FIRST - Every Student, Every Day"

FOR OFFICE USE ONLY PROOF OF ID: VERIFIED BY:
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**REFUND OR TRANSFER REQUEST FORM**

**REFUND REQUEST**

<i>STUDENT(S) NAME</i>	<i>ID #</i>	<i>SCHOOL</i>	<i>AMOUNT</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			<b>REFUND TOTAL: \$ _____</b>

**REASON (Please check one):**

- \_\_\_\_\_ GRADUATION
- \_\_\_\_\_ LEAVING DISTRICT
- \_\_\_\_\_ OTHER: \_\_\_\_\_

**CHECK PAYABLE TO:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TRANSFER REQUEST**

<i>TRANSFER FROM: STUDENT(S) NAME</i>	<i>ID #</i>	<i>SCHOOL</i>	<i>AMOUNT</i>
_____	_____	_____	\$ _____
<i>TRANSFER TO: STUDENT(S) NAME</i>	<i>ID #</i>	<i>SCHOOL</i>	<i>AMOUNT</i>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			<b>TRANSFER TOTAL: \$ _____</b>

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*Please allow up to 2 weeks to process request.

"This institution is an equal opportunity provider."