

School Meal Account Refund Request

For Students EXITING the Hawaii Department of Education (DOE)

_____ School Name

A student's meal account balance follows the student as long as the student is enrolled in a DOE School.
(School Year to School Year, DOE School to DOE School)

This form should only be completed when a student is leaving the DOE school system.

Meal Account Refund Request:

Submit to School Office

Student: _____

Room No./ GRADE: _____ / _____

Parent/Guardian: _____

Phone: _____

I do not want a refund.
I would like to donate the balance of my child's meal account to the school.

My child will not be returning to a DOE school. I would like to request a refund.

At the end of the school year, cash may not be available at the school to make refunds.
In this case, the refund will be made at the beginning of the next school year.
When cash deposits are again being made, the refund request will be processed.

I would like to pick up refund.
When refund is ready, contact me at this phone number: _____

I would like the refund mailed.
Attached is a self addressed, stamped envelope.

Forwarding _____

Address: _____

Parent/Guardian Signature: _____ Date ___/___/___

For Office Use Only

Refund Distribution: Refund Date: ___/___/___ Refund Amount: _____

Donation to School Deposited to _____ School Account.

Picked Up Refund Ready: Called Date: ___/___/___ Initials: _____

_____ _____ _____
Receipient Signature Printed Name Relationship to Student

Mailed Check Number : _____ Date Mailed : _____

Refund completed and entered into POS system:

_____ _____ ___/___/___
School Staff Signature Printed Name Date

SCHOOL COPY

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