

**Fort Loramie Local Schools  
Cafeteria Refund/Transfer Request Form**

**Student Name:** \_\_\_\_\_

**Building:**  Jr/Sr High School  Elementary School    **Grade:** \_\_\_\_\_

**Reason requesting refund/transfer:**

- Graduation
- Withdrawal \_\_\_\_\_ (date)
- JVS
- Other (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**REFUND BALANCE - MUST complete a W-9 form**

**Parent/Guardian Name:** \_\_\_\_\_  
(Name on refund check)

**Address:** \_\_\_\_\_  
(Address refund check should be mailed to)

**Phone Number:** \_\_\_\_\_

**TRANSFER BALANCE (TO YOUNGER SIBLING)**

Student to transfer balance to:

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_