

**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)

REFUND BALANCE

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: _____