

TRUMBULL PUBLIC SCHOOL  
FOOD SERVICE DEPARTMENT

**MEAL ACCOUNT REFUND/TRANSFER OF FUNDS REQUEST**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Bar Code #: \_\_\_\_\_ School: \_\_\_\_\_  
Student's ID #: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**Refund**

Reason for Transfer/Refund:

- Graduated  Transfer – Outside District  
 Other, Explain \_\_\_\_\_

**Transfer funds to: Sibling's** Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Sibling's Bar Code #: \_\_\_\_\_ Siblings: ID #: \_\_\_\_\_

Please note that a student's meal account money is automatically carried over to the next school year EXCEPT after completion of the 12<sup>th</sup> grade. If your child will not be attending a school within the Trumbull School District his/her money 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 Trumbull Food Services 203-452-4500 if you have any questions or clarifications.

\_\_\_\_\_  
Signature of Parent/Guardian Date

Parents: This form must be filled out completely. Sign it and mail to:  
Trumbull Public Schools, Food Services Department,  
6254 Main Street, Trumbull, CT 06611

Email request to [stolbal@trumbullps.org](mailto:stolbal@trumbullps.org)

**Office Use Only:**

Trumbull: Verify Amount of Transfer or Refund: \$ \_\_\_\_\_

\_\_\_\_ Refund Amount of Refund \$ \_\_\_\_\_ Date of Refund: \_\_\_\_\_

\_\_\_\_ Transfer Amount of Transfer \$ \_\_\_\_\_ Date of Transfer: \_\_\_\_\_

\_\_\_\_ MySchoolBucks turned off Date: \_\_\_\_\_