

# Southeast Dubois County School Corporation

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**Sharon Welp**  
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## STUDENT MEAL ACCOUNT BALANCE OPTIONS Pre-Paid Money for School Meals

If your child is graduating or leaving the Southeast Dubois County School Corporation and has a balance remaining in his/her meal account, complete this form indicating how you would like to close the account. You may choose to have this money refunded to you, transferred to another child (sibling) account, or Pay it Forward by donating it to the Food Service Program to help cover outstanding meal charges. Only amounts greater than \$5.00 will be refunded. Lesser amounts may be transferred or paid forward. Your child's meal account balance can be checked at any time by logging into their Harmony Family Access Account. **Only in the event that a student graduates or leaves the district may a refund be requested.**

We must have a request in writing to process movement of funds on your child's school meal account, and also **a completed W9 form for ALL refunds**. Complete and return this form within 90 days of the child's departure from the Southeast Dubois County School Corporation; otherwise all positive balances will be receipted back into the Food Service Program. Only the listed parent or guardian on the student's meal account will be granted a refund.

### Reason for transfer/refund (check one)

- Left school district       Graduated       Other (specify) \_\_\_\_\_

Please choose one of the three options below:

Please check the box to indicate whether you are requesting a REFUND or would like to TRANSFER funds to another student's account within the district. Complete the information that is located below the "Checked" box.

Request for **REFUND**

Complete information below

Make Check Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(City) (State) (Zip)

Phone #: \_\_\_\_\_

Request for **TRANSFER**

Complete information below

### TRANSFER INFORMATION

Please **TRANSFER** funds to:

STUDENT NAME: \_\_\_\_\_

SCHOOL \_\_\_\_\_

Student ID # or Lunch # \_\_\_\_\_

**Pay it Forward** to donate the remaining funds to help cover other students that may need assistance.

Thank you for your donation.

### Required

Student name: \_\_\_\_\_ School: \_\_\_\_\_

Anticipated amount of refund: \$ \_\_\_\_\_ **Parent Name/Signature:** \_\_\_\_\_

DISTRICT USE ONLY: The account has been verified with the balance of : AMOUNT \$ \_\_\_\_\_

Meal Account Balance Amount Zeroed Out: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_