



Vista Unified School District Refund/Transfer/Donation Request Form

Requests for refunds are processed and mailed within 30-45 business days. Use form for all mailed refund requests and Cafeteria Level requests submitted June 1st-August 31st.

Mail form to: Nutrition Services Accounting, 4680 North Avenue, Oceanside, CA 92056

Date: _____

I, _____ am requesting a refund/transfer/to donate my son/daughter(s) lunch account (see below).

1. Student's Name _____

School _____

Grade _____ Amount \$ _____

2. Student's Name _____

School _____

Grade _____ Amount \$ _____

3. Student's Name _____

School _____

Grade _____ Amount \$ _____

Reason For Request:

Please place in "x" in the appropriate box:

- Change in Free/Reduced eligibility
- Student no longer enrolled in Vista Unified Schools
- Student has graduated or will graduate this current school year
- Overpaid/Other _____

Please Complete Each Section Below:

Incomplete information or failure to sign will delay processing of your request.

Parent/Guardian Name (please print): _____

Address of: _____

City: _____

State: _____

Zip: _____

Contact Number (_____) _____ - _____

E-mail Address _____

Signature (REQUIRED): _____

Transfer or Donation Request	
Transfer from Student:	_____
Student's School:	_____
Transfer to Student:	_____
Transfer to Student's School:	_____
Amount Transferred:	\$ _____
Transfer to Student:	_____
Transfer to Student's School:	_____
Amount Transferred:	\$ _____
Donate to Principal's Lunch Loan Account:	\$ _____