

Culinary Services

2445 3rd Avenue South
PO Box 34165
Seattle, WA 98124-1165
(206)252-0675



Student Meal Account Refund/Transfer/Donation Request Form

Mail form to: Culinary Services MS 32-372, PO Box 34165, Seattle, WA 98124-1165

Fax form to: 206-252-0664

Email form to: culinaryservices@seattleschools.org

This section to be completed by the Requestor:

Date of Request: _____

Student Name: _____

Student ID #: _____ Grade: _____ School: _____

(Check box(s) that apply: Refund or Transfer or Donation)

Refund Request

Refund Amount: \$ _____

Make Check Payable to: _____

Mailing Address: _____

Transfer Funds to Another Student's Account

Transfer Amount: \$ _____

To Student's Name: _____

Attending School: _____
(Transfer only available within Seattle Public Schools)

Donate Funds to Super Hero Donation Account – for students in need.

Donation Amount: \$ _____

Parent/Guardian's Signature: _____

This section to be completed by the Culinary Services Department:

Amount of Refund: _____

NS Dept. Approval: _____

Date Refund Check Mailed: _____

Check # _____