

**Lakota Local School District
Child Nutrition
Refund of Child Nutrition Funds/Movement of Child Nutrition Funds**

Transfer Funds

Move funds **FROM** the following account

Student's First & Last Name	ID# (if known)	School	Grade	Amount
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1. _____

Move funds **TO** the following account(s)

Student's First & Last Name	ID# (if known)	School	Grade	Amount
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1. _____

2. _____

3. _____

Refund of Child Nutrition Funds

I would like a refund of the entire amount on my son/ daughter's account

Student's First & Last Name	ID# (if known)	School	Grade
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Parent Guardian Name: _____

Address: _____

City, State, Zip: _____

Reason: _____

Signature

Signature of parent or guardian

Date

Send

Return this form to Child Nutrition in one of 4 ways:\

Mail to: Child Nutrition 6947 Yankee Road Liberty Twp., OH 45044	Attach this form to an email and send it to: Robin.Rathnow@lakotaonline.com	Fax it to: 513.644.1171	Send it with your student to school
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This institution is an equal opportunity provider

For Office Use Only

Processed By: _____

Date: _____