

Walnut Valley Unified School District

Nutrition Services Department 880 South Lemon Avenue, Walnut, CA 91789 (909) 595-1261 ext. 31322

"KIDS FIRST - Every Student, Every Day"

REFUND OR TRANSFER REQUEST FORM

TUDENT(S) NAME	ID#	SCHOOL	AMOUNT Ċ
			\$ \$
			 \$
			\$
		REFUND TO	OTAL: \$
EASON (Please check one): GRADUATION LEAVING DISTRICT OTHER:			
CHECK PAYABLE TO:			
NAME:			
ADDRESS:		DATE:	
PAREINI/GUARDIAN SIGNATURE		·····	DATE:
PARENT/GUARDIAN SIGNATURE			DATE:
TRANSFER REQUEST			DATE:
		SCHOOL	
TRANSFER REQUEST		SCHOOL SCHOOL	AMOUNT\$
TRANSFER REQUEST TRANSFER FROM: STUDENT(S) NAME	ID#	SCHOOL SCHOOL	AMOUNT\$AMOUNT\$
TRANSFER REQUEST TRANSFER FROM: STUDENT(S) NAME TRANSFER TO: STUDENT(S) NAME	ID # ————————————————————————————————————	SCHOOL SCHOOL TRANSFER TOT	AMOUNT\$
TRANSFER REQUEST TRANSFER FROM: STUDENT(S) NAME	ID # ————————————————————————————————————	SCHOOL SCHOOL TRANSFER TOT	AMOUNT\$ AMOUNT\$ \$\$

*Email form to nutrition@wvusd.org.

^{*}Allow up to 2 weeks to process request.

^{*}Visit our website <u>www.walnutnutrition.org</u> for more information.