

**MSD WASHINGTON TOWNSHIP  
CHILD NUTRITION SERVICES**  
*Request for Refund, Transfer or Donation of Funds*

Student Name \_\_\_\_\_

Student Name \_\_\_\_\_

Attending school at \_\_\_\_\_

**Expected Amount of refund:** \_\_\_\_\_ **Reason for refund: (check one)**.....

Withdrew             Graduated             Other (specify) \_\_\_\_\_

<b>REFUND</b> Requested by: _____ Relationship to Student: _____	
Telephone number: _____	Date of Request: _____
Address: _____	City: _____ Zip: _____
<hr/> <b>TRANSFER TO STUDENT(S) IN WASHINGTON TOWNSHIP</b> <hr/>	
Student Name: _____	School: _____ Grade: _____ Amount: _____
Student Name: _____	School: _____ Grade: _____ Amount: _____
<b>DONATE FUNDS</b> to (School name): _____	

PARENT SIGNATURE: \_\_\_\_\_

Please submit form to:  
MSD Washington Township Community and Education Center (CEC)  
Attn: Child Nutrition Department  
8550 Woodfield Crossing Boulevard, Indianapolis IN 46240

**Refunds** less than \$20.00 may be processed at the school cafeteria. If more than \$20.00, a refund will be processed by the Child Nutrition Office and will take 4 -6 weeks. Checks will be mailed to the name and address listed above. You may request refunds for more than one student in a family.

Funds remaining in students account at the end of each school year will automatically be applied to the students' balance for the next school year. Only in the event that a student leaves the district may a refund of balance be requested. A written request (this form) must be submitted within 30 days of the end of the school year or 30 days after the student leaves the district in order for the balance to be refunded.

Questions or problems? Contact Denise Loudon at 317-205-3332 ext. 77211 ([dlouden@msdwt.k12.in.us](mailto:dlouden@msdwt.k12.in.us))

This institution is an equal opportunity provider.