

USD#261-Haysville Food Service Department

Parent/Guardian request for meal account balance transfer

Date: \_\_\_\_\_

Transfer request made by Parent/Guardian: \_\_\_\_\_

FROM: Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

Account Balance: \_\_\_\_\_ School: \_\_\_\_\_

TO: Student Name: \_\_\_\_\_ ID# \_\_\_\_\_

School: \_\_\_\_\_

\*\*Parents-please complete and return by mail or e-mail to :

USD#261-Haysville/Food Service Dept.

llatham@usd261.com

132 Stewart –Door #15

or

Haysville,KS 67060

ginalee@usd261.com

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FOOD SERVICE OFFICE USE ONLY

Mylunch .com balance cleared: YES or NO

Acct. balance in SNAP cleared or EOY list noted: YES or NO

Acct. history printed: YES or NO