

HOCKINSON SCHOOL DISTRICT FOOD SERVICE ACCOUNT BALANCE

Student Name: _____ School: _____

Grade: _____

The student named above has a remaining account/fee balance in the amount of _____

I authorize Hockinson School District to disburse those funds as follows:

- Request a refund check be sent to the student/guardian's address. (Processing refund checks costs the district over \$10.00 each. Please consider this when requesting a refund.)
- Balance is donated to the school emergency lunch account program. This money is used to provide meals for students who have a temporary shortage in their food service accounts. (Not available for Free/Reduced students)
- Balance indicated above is to be donated/transferred to another student's food service account.

Student Name: _____ School: _____

Signature of Guardian/ Authorized Person: _____

Date: _____

If requesting a refund check, please complete the following information:

Print name of person authorized to receive refund check: _____

Address to which refund check will be sent: Address: _____

City: _____ State: _____ Zip Code: _____

Please return to: Joshua Brown-Silva, Food Service Director
Hockinson School District
17912 NE 159th Street
Brush Prairie, WA 98606

Questions? Please contact Joshua at 360-448-6481 or e-mail at joshua.brown-silva@hocksd.org

Lunch account code: 960-9800-22