

Date Rec'd:

Initials Rec'd by:

<p>Castle High School SY 20-21</p> <p>School Meal Account Refund Request</p> <p>Deadline to turn in request form: 04/09/2021</p>

For students EXITING the Hawaii Department of Education (DOE)

Mail form to: Castle High School Attn: Meal Refund 45-386 Kaneohe Bay Dr. Kaneohe, HI 96744

Meal Account Refund Request: This form should only be completed when student is leaving the DOE School System.

To view account balance: Register at www.EZSchoolPay.com

*District - Hawaii

*Student ID - Found on Infinite Campus or Report Card

Student Name: _____ Grade: _____

Print Legal Name: Last name, First name

Parent/Guardian: _____ Phone: _____

Print Legal Name: Last name, First name

Relationship to Student: _____ (Must be legal parent/guardian on file)

My child will be graduating/not returning to a DOE school. I would like the remaining balance in his/her SchoolCafe Account to be: (Check only ONE option below)

_____ Transferred to a sibling's meal account: **(May not reflect new balance in sibling's account until new school year starts)**

_____ Name of Sibling _____ School Attending and Grade

I would like to request a refund.

Contact me at Phone # _____ when my refund is ready to be picked up. ***Must pick up within 2 weeks of notification.**

Please mail my refund. **NOTE: Self Addressed Stamped Envelope is REQUIRED for mailing refund. Please attach one if selecting this option.**

_____ Donated to Castle High School's Angel Account.

Parent/Guardian Signature: _____ Date: _____

All unclaimed balances will remain at School Food Service unless indicated to be donated to Castle High School.

FOR OFFICE USE ONLY

Refund Distribution Refund date: _____ Refund Amount: _____

Pick-up: Date(s)/time(s) called _____ Initials: _____

Refund Verified & Rec'd by: _____

Print Legal Name and Signature _____ Relationship to Student _____

Driver's License/State ID #: _____ Date Rec'd/Initial: _____

Mailed: Check Number: _____ Date Mailed/Initial: _____

Refund Completed and Entered into POS System by: _____ Date: _____

Staff Signature: _____ Print Name: _____

SCHOOL COPY

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.