



Virginia Beach City Public Schools
Office of Food Services
Request for Transfer/Refund/Donation of Cafeteria Funds

Requesting funds be transferred to sibling(s)

Requesting a refund

Please donate the balance of my student's account to the school lunch account. These funds will be used to support students in need.

Student's Name:

Student ID #:

Name of School:

Transfer/Refund Amount:

(If unknown, please leave blank)

Transfer to Sibling(s) within VBCPS:

Sibling's Name (1):

Student ID #:

Sibling's School:

Transfer Amount:

Sibling's Name (2):

Student ID #:

Sibling's School:

Transfer Amount:

Refund Request:

Reason for Refund:

(Example: Left School District, Graduated, etc.)

Parent/Legal Guardian's Name:

Phone:

E-mail address:

Mailing Address:

City:

State:

Zip:

****If requesting a refund, please ensure all automatic payments are turned off in SchoolCafé. ****

Note: Student meal account funds follow the student and are automatically rolled over to the next school year or to another VBCPS school the student is attending within Virginia Beach (i.e. elementary to middle, middle to high).

Parent/Guardian Signature _____ Date:

This request form can be mailed or scanned and e-mailed to VBCPS Office of Food Services (OFS). If you have any questions, please feel free to contact OFS at 757-263-1101 or via e-mail: VBFOODS@vbschools.com.

Mailing Address: Virginia Beach City Public Schools
Office of Food Services
2435 Princess Anne Rd., Bldg. 16
Virginia Beach, VA 23456

Refunds are subject to approval and can take 4-6 weeks for processing/ mailing. Checks will be mailed to the name and address listed on this form. Transfer of funds will be processed within one week of form receipt.

Funds remaining on inactive accounts for over a year will be relinquished to the state as Unclaimed Property.

FOR OFFICE USE ONLY:	
PROCESSED BY: _____	DATE PROCESSED: _____

This institution is an equal opportunity provider.

