

# Athlos Leadership Academy

## Request for Refund OR Transfer of Cafeteria Funds

**Student Information:**

Name(s) \_\_\_\_\_

Grade(s) \_\_\_\_\_

**Reason for refund (circle one):**

Left School District

Graduated

Other (specify) \_\_\_\_\_

**Important: Turn off your automatic payments set up in Infinite Campus before submitting form**

**Please indicate which of the three options you would like to use to disburse the balance of your students(s) meal account:**

(1)

**REFUND CHECK**

Parent/Legal Guardian (made payable to) \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*\*\*For Office Use Only: Amount of Refund Check \_\_\_\_\_ (attach Infinite Campus journal detail)*

**\*Note: Please allow 4-6 weeks for processing. Checks will be mailed to address provided.**

(2)

**TRANSFER to student(s) within Athlos Leadership Academy**

1. Name \_\_\_\_\_ Grade \_\_\_\_\_ Amount \_\_\_\_\_

2. Name \_\_\_\_\_ Grade \_\_\_\_\_ Amount \_\_\_\_\_

3. Name \_\_\_\_\_ Grade \_\_\_\_\_ Amount \_\_\_\_\_

(3)

**DONATION**

Please donate the balance of my student(s) account(s) to be used to help students in need.

*\*\*For Office Use Only: Amount of Donation \_\_\_\_\_ (attach Infinite Campus journal detail)*

**DEADLINE:** Please note that students leaving the district or graduating during the 2019/2020 school year must submit their request for a refund or fund transfer prior to **June 15, 2020.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit completed form to:

**Athlos Leadership Academy  
Food & Nutrition Services**

10100 Noble Parkway N.  
Brooklyn Park MN 55443

Or email form to: christina\_ferguson@alabpmn.org

Questions call: (763)777-8953