

**SCOTT COUNTY SCHOOL DISTRICT 1  
NUTRITION SERVICES  
TRANSFER REQUEST FORM - SCHOOL MEALS**

If you would like to request a transfer of funds from your student's account, please complete this form and return it via one of the following:

District Central Office  
Fax: 812-794-8765  
E-mail: kilburnd@scsd1.com

If you have any questions, please contact Debbie Kilburn, Cafeteria Treasurer as follows:

Phone: 812-794-9020  
E-mail: kilburnd@scsd1.com

**From Student Account**

	Student Name	Student ID	School Name	Transfer Amount
1				\$
2				\$
3				\$
<b>Grand Total</b>				\$

I would like to transfer the grand total from one student account to another.

I would like to split the grand total between the following student accounts.

**To Student Account**

	Student Name	Student ID	School Name	Transfer Amount
1				\$
2				\$
3				\$
<b>Grand Total</b>				\$

**Parent Information**

<b>Parent/Guardian Name:</b>	
<b>Phone:</b> (    )	<b>E-mail:</b>
<b>Parent/Guardian Signature:</b>	