

HUSD - Higley Unified School District Food Services Department
STUDENT ACCOUNT TRANSFER REQUEST FORM

PLEASE SEND THIS TO THE CAFETERIA LEAD OR FAX THIS TO CATHERINE VAN GALDER, FAX # (480)279-7542
 OR EMAIL THIS TO Catherine.VanGalder@husd.org

FROM STUDENT ACCOUNT:

| | | | | | | | |
|---------------|--|------|--|--------------|--|---------------|----|
| STUDENT NAME: | | ID#: | | SCHOOL NAME: | | TOTAL AMOUNT: | \$ |
| STUDENT NAME: | | ID#: | | SCHOOL NAME: | | TOTAL AMOUNT: | \$ |
| STUDENT NAME: | | ID#: | | SCHOOL NAME: | | TOTAL AMOUNT: | \$ |

I would like to transfer the money into my Child/Children's account

I would like to split between the following accounts

TO STUDENT ACCOUNT:

| | | | | | | | |
|---------------|--|------|--|--------------|--|---------------|----|
| STUDENT NAME: | | ID#: | | SCHOOL NAME: | | TOTAL AMOUNT: | \$ |
| STUDENT NAME: | | ID#: | | SCHOOL NAME: | | TOTAL AMOUNT: | \$ |
| STUDENT NAME: | | ID#: | | SCHOOL NAME: | | TOTAL AMOUNT: | \$ |

THIS TRANSFER WAS REQUESTED BY:

PARENT/GUARDIAN NAME: _____

CAFETERIA LEAD NAME: _____

FOR HIGLEY UNIFIED SCHOOL DISTRICT OFFICE USE ONLY

| | | | |
|-----------------|--|----------------------------|--|
| Date Received: | | FSMC Signature: | |
| Date Processed: | | Higley District Signature: | |