



MONTCLAIR PUBLIC SCHOOLS

FOOD SERVICES DEPARTMENT

22 VALLEY ROAD ~ MONTCLAIR, NEW JERSEY 07042

WWW.MONTCLAIR.K12.NJ.US

Reddrick Robinson

Food Service Director

REQUEST FOR FOOD SERVICE ACCOUNT REFUND/TRANSFER

Date of Request: _____

1) Student Name: _____ ID# _____

Student Balance: _____ *(Balance will be verified via student food service account)*

2) Student Name: _____ ID# _____

Student Balance: _____ *(Balance will be verified via student food service account)*

Please choose one of the following:

☐ Transfer the balance to another student:

Student Name: _____ ID# _____

☐ Refund the balance via check:

Name of Parent/Guardian: _____
(Parent/Guardian must be listed in Genesis as a primary contact)

Current Mailing Address: _____

Telephone #: _____

Checks are mailed once a month, the day after the Board of Education public meeting.

Signature of Parent/Guardian Requesting Refund: _____

Please return this form via email to: mpsfoodservices@montclair.k12.nj.us

For office use only

Date Refund Posted to Account: _____ Posted By: _____

Approved by: _____ Date Approved: _____

This institution is an equal opportunity provider.

Telephone: 973.509.4020 x50611 – Fax: 973.509.4065 – Email: rrobinson@montclair.k12.nj.us