



**Avondale Elementary School District #44
Food and Nutrition Services
Meal Account Transfer Request Form**

If you would like to request a transfer of funds from your student's account, please complete this form and give it to your student's cafeteria clerk or manager, or you can email it to Autumn Ellertson at the district office: creyes@chooseaesd.org

You can also transfer securely online @ family.titank12.com

If you have any questions, please contact Claudia Reyes via phone: 623-772-5023 or via email: creyes@chooseaesd.org

From Student Account:

Student Name	Student ID	School Name	Transfer Amount
1-			\$
2-			\$
3-			\$
Grand Total			\$

- I would like to transfer the total balance from one student account to another
- I would like to split the balance between the following student accounts
- I would like to share a portion of the balance to the following student accounts
- I would like to donate funds from my student's account to pay toward the district's negative lunch fund account

To Student Account:

Student Name	Student ID	School Name	Transfer Amount
1-			\$
2-			\$
3-			\$
Grand Total			\$

Parent Information

Parent/Guardian Name:	
Phone: ()	E-Mail:
Parent Signature:	Date:

This institution is an equal opportunity provider.