

**New Boston Central School**  
Food & Nutrition Services Department  
(603) 487-2211 ext. 330  
[Sarah.Prothero@sau19.org](mailto:Sarah.Prothero@sau19.org)

**REQUEST FOR REFUND OR TRANSFER OF LUNCH ACCOUNT FUNDS:**

(One form per household)

**STUDENT(S) NAME:** \_\_\_\_\_

**SCHOOL:** New Boston Central School

**\*REFUND OR TRANSFER:** \_\_\_\_\_

**TRANSFER TO:** \_\_\_\_\_

**SEND REFUND TO: NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<p><b>Mail or drop off completed form to:</b> New Boston Central School ATTN: FOOD SERVICE 15 Central School Road New Boston, NH 03070</p>
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**\*NBCS FSD will confirm amount of refund or transfer.**

***Note: Refunds will be sent for processing June 23rd. Refunds may take up to 6-8 weeks.***

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For Office Use Only:

Amount approved for refund: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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