

Student Meal Account Refund Request

Student's Name: _____

Student's Campus: _____

Parent / Guardians Name: _____

Phone Number: _____

Check will be mailed to address on site.

Balance to be refunded: _____

Balance to be transferred: _____ Transfer to: _____

When form is completed, please turn in to Cafeteria or forward to the Child Nutrition Department. Refund checks are mailed within two weeks of receipt in the Child Nutrition office.