

REQUEST FOR REFUNDS

for graduating and non-returning students

Must be requested by Parent

Please print all information, except signature

Date faxed (manager) _____

Date correction made in MCS(done by office staff) _____

STUDENT NAME (Print) : _____
(First, Last)

STUDENT'S DATE OF BIRTH: _____

STUDENT'S GRADE (on last day attended) _____

STUDENT NUMBER _____

SCHOOL NAME _____

CAFETERIA CODE _____

CHECK TO BE ISSUED TO _____ (PRINT)

ADDRESS _____ (PRINT)

_____ (PRINT)

PHONE NUMBER _____

****REMINDER****

Remove your payment option from myschoolbucks.com to prevent further charges.

PARENT'S SIGNATURE _____ X _____

AMOUNT OF CHECK _____
(to be completed by manager or SFS central office)

MANAGER'S SIGNATURE _____

End of year refunds must be issued after the last serving day.

Refunds will be mailed directly from the school food service central office.