

# Meal Account Refund Request



Student's Name/ID#: \_\_\_\_\_

School Name: \_\_\_\_\_

Balance in Meal Account/Refund: \_\_\_\_\_

Mail Refund

Donate to Lunch Buddy Program

Move Balance to Siblings Acct

Sibling Name/ID# \_\_\_\_\_

Parent or Guardian's Name & Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_

\*Return completed form to school with your student(s) or mail to the Food Services Office (200 Fleetwood Dr, Waynesville, MO 65583) for processing. Refund may take up to 30 days to process and will be mailed to the address above following the next month's Board of Education Meeting.