

Student Lunch Refund Request



Student's Name/ID#: _____

School Name: _____

Refund Amount: _____

Mail Refund

Donate to Lunch Buddy Program

Parent or Guardian's Name & Address:

Parent or Guardian's Signature _____

*Please fill out this form and send to Julie West in Food Services for processing. Refund may take up to 30 days to process, will be mailed to the address above following the next month's Board of Education Meeting.