

## REFUND REQUEST FOR FUNDS IN LUNCH ACCOUNT

I would like to request a refund of the current balance remaining in my child's school lunch account.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I acknowledge that I am the individual who deposited the funds on said account, and am entitled to the refund.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Address:  
\_\_\_\_\_  
\_\_\_\_\_

*Please return completed form to:*  
Covington Bd of Education  
Attn: Treasurer  
807 Chestnut St  
Covington, OH 45318