



ST. JOSEPH
SCHOOL DISTRICT

NUTRITION SERVICES
1000 South 9th St.
ST. JOSEPH, MO 64503

REQUEST FOR REFUND

As of _____, my child, _____ at
_____ (school) has withdrawn/graduated from the St. Joseph School
District. The St. Joseph School District does not refund any account under \$5.00.

Please refund the balance of \$_____ to the following address:

Parent Signature

Date

Please complete and mail this form to:

St. Joseph School District
Nutrition Services
1000 South 9th St.
St. Joseph, MO 64503