



Student Meal Account Refund Request

All previous money owed by a student must be paid prior to refund. You may view fees/balances in Family Access. Please complete the information below to obtain a refund on your child's meal account. This is required before a refund can be processed. A refund may take 2-6 weeks to receive.

For questions, please call 425-831-8030

Student Name: _____ School: _____ Student ID#: _____ Grade: _____	<u>Balance on Account</u> Amount: \$ _____
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Student Name: _____ School: _____ Student ID#: _____ Grade: _____	<u>Balance on Account</u> Amount: \$ _____

Reason for Refund: _____

Total Refund: \$ _____

Parent/Guardian: _____
(Check is made payable to Parent/Guardian)

Current Address: _____

City/State/Zip: _____

New Address/Mailing Address: _____
(Checks will be mailed to this address if different from above)

City/State/Zip: _____

Telephone: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____



Office Use Only:

Amount Taken Off Account by FS: _____ Date: _____

Food Services Approval: _____ Date: _____

No NSF No Fine(s)/Fee(s)

Business Office Approval: _____ Date: _____

Account Code: 10 – R – 960 – 9800 – 22 – 0000 – 1079 – 0800 – 9000 – 0