



Student Meal Account Refund Request

Date: ____/____/____

Attention SchoolCafé Users: Please ensure that the auto-replenish function is disabled on your student's account prior to submitting this form.

School Name: _____

Student Name: _____

Student ID Number: _____

Amount of Refund: _____

Reason for Refund:

- Graduating
- Leaving District
- No longer using account
- Eligibility status change
- Other: _____

Person Requesting Refund (Print): _____

Relation to Student: _____ Signature: _____

Check Addressed to: _____

Address Line 1: _____

Address Line 2: _____

City, State & Zip: _____

Phone Number: _____

Kitchen Manager Signature

Date

Note: A Kitchen Manager or authorized Central Office personnel may fill this form out on behalf of a family member. Please attach documentation of phone call or email.

Kitchen Managers, Select One:

Cash issued at Point of Sale (\$10.00 or less)

Check to be issued by Central Office (Greater than \$10.00)

This institution is an equal opportunity provider.