

Roanoke County Schools

Nutrition Services

Phone: 540-562-3788
 5937 Cove Road
 Roanoke, VA 24019
 Fax : 540-562-3974
 nutrition@rcps.us



Request for Meal Account Refund

Please complete one (1) form per household. List each student individually on the same form.

School:	
Student Name and Account Number <i>Proper Name as shown in Student Database System</i>	
Parent or Guardian's Name: <i>Refund check will be issued to the person(s) listed</i>	
Reason for Refund: <i>Required</i>	
Mailing Address: <i>Refund will be mailed to the listed address</i>	
<p><i>Please issue a check in the amount of \$ _____ to reimburse an over-payment to my student's lunch account.</i></p>	
<hr/> <p>Parent /Guardian Date</p>	
<p><i>I certify that the student is due the above refund amount and have provided the documentation of this overpayment.</i></p>	
<hr/> <p>Nutrition Manager Date</p>	
<p><i>I approve the refund of this student's lunch account over-payment.</i></p>	
<hr/> <p>Nutrition Department Approving Official Date</p>	