

**Fauquier County Public Schools  
School Nutrition Program**

**124 Manor Court, Suite 10**

**Warrenton, VA 20186**

**Fax # (540)422-7239**

**charris@fcps1.org**

**Student Account Refund Request Form**

**Date** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Student ID Number** \_\_\_\_\_

**Student Name** \_\_\_\_\_

**Account Balance**    \$ \_\_\_\_\_

**Important:** If student account is funded by credit card, please de-activate auto-pay (if applicable)

**I am requesting a** (check box):     **Refund**     **Transfer**     **Donation**

(w/in Fauquier County Public Schools)

**Transfer from** \_\_\_\_\_  
**Student's Name/Account #/School**

**Transfer to** \_\_\_\_\_  
**Student's Name/Account #/School**

**Guardian's Name:** \_\_\_\_\_ **(please print)**

**Guardian's Signature:** \_\_\_\_\_

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

**Contact Phone Number:** \_\_\_\_\_

**Reason:** \_\_\_\_\_