



Gilbert Public Schools Nutrition Services Refund Request Form

If you would like to request a refund from your student's account. **IF YOU HAVE AN ACCOUNT SET UP WITH AUTOMATIC REOCCURING PAYMENTS PLEASE LOG INTO YOUR ACCOUNT AND DISABLE THE PAYMENT FEATURE BEFORE SUBMITTING THIS FORM.** Please complete this form and give it to your student's cafeteria manager or Karen Miller via e-mail: karen.miller@gilbertschools.net
 If you have any questions, please contact your student's cafeteria manager, or Karen Miller via phone: (480) 497-3419 or e-mail: karen.miller@gilbertschools.net
 Refunds will be mailed to your mailing address in approximately 3-4 weeks after being processed.

Student Information

Student Name	Student ID	School Name	Refund Amount
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$
6.			\$
7.			\$
Grand Total			\$

Parent Information

Parent/Guardian Name:		
Address:		
City:	State:	Zip Code:
Phone: ()	E-mail:	
Parent Signature:		

For Nutrition Services Use Only

Total Refund Amount: \$
Date of Refund Request:
Office Signature: