

PLEASE PRINT LEGIBLY

STUDENT REFUND REQUEST FORM
FULTON COUNTY SCHOOL NUTRITION PROGRAM

Date:

School Name:

Student's Full Name:

Parent/Guardian Name:

Phone Number of Parent/Guardian:

Home Address of Parent/Guardian:

Amount of Refund Requested:

Reason for Refund:

Parent / Guardian Signature

Note: To request a refund, submit this form to the School Nutrition Program Office at:
School Nutrition Program, 6201 Powers Ferry Road, NW Atlanta, Georgia 30339 or via email
schoolnutrition@fultonschools.org. Please allow 4-6 weeks for processing. The refund check will be mailed to
the address listed above.

OFFICE USE ONLY:

THE FOLLOWING SECTION IS TO BE COMPLETED BY CAFETERIA MANAGER OR SCHOOL
NUTRITION DESIGNEE AND APPROVED BY THE AREA SUPERVISOR/COORDINATOR.

Place a check mark by each item to indicate completion:

_____ A Refund on the child's account in the amount of the balance remaining was completed.

_____ Attach a copy of the history showing the completed transaction.

_____ Maintain/Send a copy of the refund paperwork at/to the school for the cafeteria manager's files.

_____ Maintain/Send a copy of the refund paperwork at/to the SNP Office for the record keeping files.

_____ Request for refund check submitted to Central Accounting. *(If this is required, the first two steps
would not be required to be done.)*

Manager / SNP Designee Signature

Date:

Signature for Approval by SNP Area Supervisor/Coordinator

Date: