Fayette County Public Schools

"Where Excellence Counts"

School Nutrition Program

School: _____

Student Name: _____ I.D. #: _____

Date Requested: _____

Total Amount of Refund: $_____

Reason for Refund: _____

Please choose how your refund will be processed:

☐ Donate funds ☐ Send home with student ☐ Transfer balance ☐ Mail check

School Nutrition Managers may refund amounts up to $25.00 at the school site. Checks will be mailed by Central Office for payments larger than $25.00.

Transfer balance to:

Student Name I.D. # _____

Student Name I.D. # _____

_____

Manager's Signature

_____

Parent/Guardian Signature

_____

Print Parent/Guardian Name

_____

Address City, State, Zip

_____ _____

Phone Number Email Address

Please email to: **schoolmeals@fcboe.org**

USDA is an equal opportunity provider, employer and lender.

Revised 7/2025