ASCENSION PUBLIC SCHOOLS
Excellence. Ascending Together.

1100 Webster Street
Donaldsonville, LA 70346
(225) 391-7000
www.AscensionSchools.org

CHILD NUTRITION PROGRAMS
SCHOOL MEALS REFUND REQUEST FORM
2026-2027

Student's Name: _____ Date of Request: _____

School Name: _____ Student's ID #: _____

Parent/Guardian Name: _____ Home Phone #: _____

Address: _____ Work Phone #: _____

_____ Cell Phone #: _____

Parent E-mail Address: _____

Electronic Funds (ACH) Refund Method:

Bank Name: _____ Routing Number: _____

□ Checking □ Savings Account Number: _____

I, _____, authorize the Ascension Parish School Board to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the depository financial institution name above.

Parent/Guardian Signature: _____

Alternative Option:

□ Paper Check ‡

‡Prefer to receive a check by mail payable to parent/guardian

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

Vendor # _____ Account #: 7-028- _ _ _ -0-0000- _ _ _ - _ _ _ _ Refund Amount: $ _____

Approved for Payment: _____ Date: _____

Dr. Edith M. Walker
Superintendent

SCHOOL BOARD

Jared Bercegeay
President
District 6A

Marty J. Bourgeois
Vice President
District 4A

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District 1

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