

**Meal Account Refund Request Form**

If you would like to request a refund of funds from your student's account, **please complete this form** and **send it to the Food Services Department - foodservices@aguafria.org**

The refund process takes 14 - 22 business days. Checks will be mailed to the address provided below.

If you have any questions, contact the Administrative Assistants Cecily Lewis – 623.932.7070
or Maria Machain – 623.932.7113

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:	
Phone: ()		E-Mail:	
Parent Signature:			Date:

For Nutrition Services Use Only

Total Refund Amount \$	
Office Signature:	Date:

This institution is an equal opportunity provider.