



2020-2021
REQUEST FOR REFUND OF MEAL ACCOUNT MONEY

(PLEASE PRINT)

SCHOOL NAME: _____

STUDENT NAME: _____

AMOUNT OF REFUND: (To be completed by Café Manager)	(POS #)
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REASON FOR REFUND:

<input type="checkbox"/> Graduating 8 th or 12 th Grade and not returning to a Diocesan School
<input type="checkbox"/> No Longer Enrolled at a Diocesan School
<input type="checkbox"/> Meal Status Changed

PARENT'S PRINTED NAME: _____

MAILING ADDRESS:	
(Street)	(Apt #)

_____ Check here if address is the same as last year?

(City, State, Zip)

PHONE NUMBER (S): _____

PARENT'S SIGNATURE: _____

DATE: _____

*Form must be turned in to the school cafeteria (only).
Checks will be mailed to the parent; please allow 30 days for the request to be processed.*

FOR OFFICE USE ONLY

MANAGER'S SIGNATURE: _____

NOTE: Please attach a copy of the student's payment history.