



2016-2017
REQUEST FOR REFUND OF MEAL ACCOUNT MONEY

(PLEASE PRINT)

SCHOOL NAME: _____

STUDENT NAME: _____

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

REASON FOR REFUND: Graduating 8th or 12th Grade and not returning to a Diocesan School
 No Longer Enrolled at a Diocesan School
 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.