



Due to cafe manager by 5/18/18

2017-2018
REQUEST FOR REFUND OF MEAL ACCOUNT MONEY
(PLEASE PRINT)

SCHOOL NAME: _____

STUDENT NAME: _____ AMOUNT OF REFUND: _____

(To be completed by Café Manager)

(POS #)

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: _____

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

(City,
Zip)

(Street)

(Apt #)

State,

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.