

REQUEST FOR STUDENT LUNCH MONEY REFUND

DATE _____

STUDENT NAME(S) _____

CAMPUS(ES) _____

PARENT/GUARDIAN NAME (PRINTED) _____

ADDRESS _____

PHONE NUMBER _____

PARENT/GUARDIAN SIGNATURE _____

I WILL PICK UP REFUND CHECK

PLEASE MAIL REFUND CHECK

YOUR ORIGINAL SIGNATURE IS REQUIRED TO PROCESS REFUND. PLEASE MAIL OR BRING YOUR REQUEST TO:

LUFKIN ISD
NUTRITION SERVICES
915 VIRGIL AVE.
LUFKIN, TX 75901

FAXED FORMS WILL NOT BE ACCEPTED.

FOR OFFICE USE ONLY
STUDENT ID # _____
REFUND AMOUNT _____
APPROVED _____