Student Meal Account Refund Request

Date: ___/___/____

Attention SchoolCafé Users: Please ensure that the auto-replenish function is disabled on your student’s account prior to submitting this form.

School Name: _______________________________________
Student Name: _______________________________________
Student ID Number: ___________________________________
Amount of Refund: ____________________________________

Reason for Refund:
☐ Graduating ☐ Leaving District ☐ No longer using account ☐ Eligibility status change
☐ Other: ______________________

Person Requesting Refund (Print): ______________________
Relation to Student: ______________________ Signature: ______________________

Check Addressed to: ______________________________________
Address Line 1: _______________________________________
Address Line 2: _______________________________________
City, State & Zip: _______________________________________ 
Phone Number: _______________________________________

Kitchen Manager Signature _____________________________ Date ______________________

Note: A Kitchen Manager or authorized Central Office personnel may fill this form out on behalf of a family member. Please attach documentation of phone call or email.

Kitchen Managers, Select One:
☐ Cash issued at Point of Sale ($10.00 or less)
☐ Check to be issued by Central Office (Greater than $10.00)

This institution is an equal opportunity provider.