

PLEASE PRINT LEGIBLY

STUDENT REFUND REQUEST FORM

FULTON COUNTY SCHOOL NUTRITION PROGRAM

Date: _____ **School Name:** _____

School Code: 7020 **School Year in which Requesting Refund:** _____

Student's Full Name: _____

Parent/Guardian Name: _____

Phone Number of Parent/Guardian: _____

Home Address of Parent/Guardian: _____

Amount of Refund Requested: _____

Reason for Refund: _____

Parent / Guardian Signature

Note: To request a refund submit this letter to the School Nutrition Program Office at: School Nutrition Program, 6201 Powers Ferry Road, NW Atlanta, Georgia 30339 or via fax to (470) 254-1241. Please allow 4-6 weeks for processing. The refund check will be mailed to the address listed above.

THE FOLLOWING SECTION IS TO BE COMPLETED BY CAFETERIA MANAGER OR SCHOOL NUTRITION DESIGNEE AND APPROVED BY THE APPROPRIATE AREA SUPERVISOR/COORDINATOR.

Place a check mark by each item to indicate completion:

_____ A Refund on the child's account in the amount of the balance remaining was completed.

_____ Attach a copy of the history showing the completed transaction.

_____ Maintain/Send a copy of the refund paperwork at/to the school for the cafeteria manager's files.

_____ Maintain/Send a copy of the refund paperwork at/to the SNP Office for the record keeping files.

_____ Request for refund check submitted to Central Accounting. *(If this is required, the first two steps would not be required to be done.)*

Manager / SNP Designee Signature Date: _____

Signature for Approval by SNP Area Supervisor/Coordinator Date: _____