

PLEASE PRINT LEGIBLY

**STUDENT REFUND REQUEST FORM**

**FULTON COUNTY SCHOOL NUTRITION PROGRAM**

**Date:** \_\_\_\_\_ **School Name:** \_\_\_\_\_

**School Code:** \_\_\_\_\_ **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: \_\_\_\_\_