



## Student Refund Request Form

1.) Student Name \_\_\_\_\_

2.) School Name \_\_\_\_\_

3.) Parent's Name \_\_\_\_\_

4.) Parent's Address \_\_\_\_\_

5.) Parent's Telephone # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

6.) Parent's SS # \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

7.) Amount of Refund \_\_\_\_\_

Please include with this request form a copy of the student's "Account Statement Report" from Newton. Forward all information to the attention of Finance Director, School Nutrition. Fax: (404) 802-9404

\* All sections of this form must be completed to receive a refund.

\* All refunds will be distributed by check, and mailed to the address listed above.