



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 _____

- **Fax completed form to (404) 802-9404 or email to apsnutrition@atlanta.k12.ga.us**
- 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.
- NOTE: Account balances will automatically roll over and remain with the student account.