



Cafeteria Account Refund Request

District Refund Policy: Refund will be applied to any outstanding balance due to the district before a check can be issued. Monies remaining can be applied to a sibling's account. Refund checks will only be issued for amounts \$25.00 or greater, when requested by August 30th of the payment year.

Date of Request: _____ Person Requesting _____

Student Name: _____ Student ID #: _____

Student's DOB: _____ School Campus: _____

Refund: TYPE REQUIRED: **CASH:** _____ **CHECK:** _____ (FILL IN INFO BELOW)
(IF LESS THAN \$25.00) (IF \$25.00 OR GREATER)
DONATE TO STUDENT FUND FOR NEGATIVE BALANCES: _____

Reason for Request: (please circle one)

- 1) Student withdrawing from the district
- 2) Student graduated from the district
- 3) Family was approved for free or reduced priced meals after making a deposit

Check Payable To: _____

Mailing Address: _____

Daytime Phone number: _____ Email Address: _____

Parent/Guardian's Signature: _____

Signature required to process refunds (if available)

Phone Encounters:

If request is over the phone please gather parent's full name and print on signature line. List date and time conversation took place and sign.

Date: _____ Time: _____ Staff Name: _____

Please allow approximately 10 – 12 business days for the check to be processed. A refund will be issued to the requestor and mailed to the address given above. Outstanding school fees will addressed before refunds are made. Signed Form can be faxed to: Fax: 210-368-8741 or emailed to: raruiz@fshisd.net. For questions please contact Roxanne Ruiz, Food Service Director, at Telephone: 210-368-8745.

FOR OFFICE USE ONLY: DATE: _____ BALANCE: _____ ACCOUNT ADJUSTED BY: _____	PAYMENT APPROVAL: _____ Food Service Director DATE: _____
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