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Robyn Penn Delaney, District 1
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John Murphy, District 4B
John DeFrances, District 5A
Jared Bourgeois, District 6A
Louis Lambert, District 6B
Patricia Russo, District 7B

School Meals Refund Request Form

2021-2022

Revised 7/1/2021

Student's Name: _____

Date of Request: _____

School Name: _____

Student's ID #: _____

Parent/Guardian Name: _____

Home Phone #: _____

Address: _____

Work Phone #: _____

Cell Phone #: _____

Electronic Funds (ACH) Refund method:

Bank Name: _____

Routing number: _____

☐ Checking

☐ Savings

Account number: _____

I _____ authorize the Ascension Parish School Board to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account at the depository financial institution named above.

Parent/Guardian Signature: _____

Alternative Option:

☐ Paper Check*

*Prefer to receive a check by mail payable to parent/guardian.

PLEASE DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

Vendor #: _____ Account #: 2-028-_____-0-0000-_____-_____-_____- Refund Amount: \$ _____

Approved for Payment: _____

Date: _____