

## CHILD NUTRITION PROGRAMS SCHOOL MEALS REFUND REQUEST FORM 2024-2025

Student's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

School Name: \_\_\_\_\_ Student's ID #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

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 name 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 #: 5-028-\_\_\_\_-0-0000-\_\_\_\_-\_\_\_\_ Refund Amount: \$ \_\_\_\_\_

Approved for Payment: \_\_\_\_\_ Date: \_\_\_\_\_

Dr. Edith Walker  
Superintendent

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