

David Alexander  
Superintendent

Taft Kleinpeter  
Board President  
District 5B

Troy Gautreau, Sr.  
Vice President  
District 7A



1100 Webster Street  
Donaldsonville, LA 70346  
(225) 391-7000 (Gonzales) | (225) 257-2000 (Donaldsonville)  
www.apsb.org

Robyn Penn Delaney, District 1  
Scott Duplechein, District 2  
Julie Blouin, District 3  
Marty J. Bourgeois, District 4A  
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

**2022-2023**

Revised 7/1/2022

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 #: 3-028-\_\_\_\_\_-0-0000-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Refund Amount: \$ \_\_\_\_\_

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

Date: \_\_\_\_\_