

REQUEST FOR REFUNDS

for graduating and non-returning students

Must be requested by Parent

Please print all information, except signature

(Items in yellow are for official use only)

Date faxed (manager) _____

Date correction made in MCS(done by office staff) _____

STUDENT NAME (Print) : _____

(First, Last)

STUDENT'S DATE OF BIRTH: _____

STUDENT'S GRADE (on last day attended) _____

STUDENT NUMBER _____

SCHOOL NAME _____

JESUIT _____

CAFETERIA CODE _____

4025 _____

CHECK TO BE ISSUED TO _____

(PRINT)

ADDRESS _____

(PRINT)

(PRINT)

PHONE NUMBER _____

****REMINDER****

Remove your payment option from myschoolbucks.com to prevent further charges.

PARENT'S SIGNATURE _____

x _____

AMOUNT OF CHECK _____

(to be completed by manager or SFS central office)

MANAGER'S SIGNATURE _____

End of year refunds must be issued after the last serving day.

Refunds will be mailed directly from the school food service central office.