

STEWART COUNTY SCHOOLS

REQUEST FOR REFUND OF PREPAID LUNCHES

My child, _____ is a student at _____.
I am requesting a refund of prepaid lunch money remaining in his/her account.

Student information:

_____ Withdrawn

_____ Change of Status- Manager Explain _____

Parent or Guardian: _____

Address: _____

Telephone: _____

Cell: _____

I, _____, Cafeteria Manager of _____

verify that _____ has \$ _____ remaining in his/her school

lunch account.

Upon receipt of this form from the school a check will be issued in 4-6 weeks to the parent or guardian listed above by the Stewart County School Food Service Bookkeeping Department. If there are any other questions, please call Jacqueline Wallace at 931-232-5176.