



*Where Excellence and Creativity Merge*

# Fayette County Public Schools

"Where Excellence Counts"

## School Nutrition Program

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School: \_\_\_\_\_

Student Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Date Requested: \_\_\_\_\_ SNP Date Received: \_\_\_\_\_

Total Amount of Refund: \$\_\_\_\_\_ Date Refunded: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

Please choose how your refund will be processed:

☐ Donate funds      ☐ Send home with student      ☐ Transfer balance      ☐ Mail check

**School Nutrition Managers may refund amounts up to \$25.00 at the school site.  
Checks will be mailed by Central Office for payment of amounts larger than \$25.00.**

Transfer balance to: \_\_\_\_\_

Student Name I.D. #

Student Name I.D. #

Student Name I.D. #

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone #

This institution is an equal opportunity provider.