



Fayette County Public Schools

“Where Excellence Counts”

School Nutrition Program

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:

- Pick up refund at school 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.