



Roseville Area Schools

Quality Teaching & Learning for All...Equity in All We Do

Nutrition Services

1251 County Road B2 West

Roseville, MN 55113

Nutrition Services - Meal Account Refund Form

Please refund the following student(s) meal account:

| <u>Student Full Name</u> | <u>School & Grade</u> | <u>Date of Birth</u> | <u>Lunch Pin # or Student ID #</u> |
|--------------------------|---------------------------|----------------------|------------------------------------|
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(Office only) Balance of student meal account at the time of request: \$ _____ Date: _____

Reason for Refund: Student Graduated _____ Student left district _____ Donate to the * Angel Fund _____

*Angel Fund was established to assist students who do not qualify for free/reduced meals and cannot afford to eat.

| | |
|--|-------------------------------------|
| Name of Person Requesting Refund (Please Print Name) | Address to Forward Refund Check to: |
| | |

Signature

Date request made

Signature is required of person requesting refund and verifies that they have made the deposit into the Nutrition Services meal account system for the above referenced student(s). Please allow four to six weeks to process.

Complete & send form to Nutrition Services in one of three ways or to contact us:

| | | |
|---|-----------------------------|---|
| Mail: Roseville Area Schools Attn: Nutrition Services 1251 County Road B2 West Roseville, MN 55113 | Fax: 651-635-1659 | Scan & Email Jodi.goodwill@isd623.org |
|---|-----------------------------|---|

Date request received in the Nutrition Services Office _____

Updated: 03/30/16