

Student Name

Date Refund Request received:

Total Refund Amount:

Approved By:

Pacifica School District Nutrition Department School Lunch Account Refund

Student ID

If you would like to request a refund from your student's lunch account, please complete this form and send to Marta Grech – mgrech@pacificasd.org

If you have any questions, please contact the Nutrition Services Department at (650) 738-6626

Refunds will be processed as they are received. Your refund will be sent to your mailing address approximately 2 weeks after being processed.

STUDENT INFORMATION

School Name

Refund Amount

''			Ψ
2.			\$
3.			\$
		Grand Total	\$
	PARENT INFORMA	TION	
Parent/Guardian Name:			
Address:			
City:	State:		Zip:
Phone:	<u> </u>	E-mail:	
Parent/Guardian Signature:		Date:	
R	EASON FOR REQUEST (PLEA	SE CHECK ON	E):
■ Moved out of District	☐ Promoted to high school		☐ Approved for Free lunch for current school year
■ Not Participating in the lunch program Covid-19	□ Other		
			_
OR NUTRITION SERVICES ONLY	OFFICE US	F ONLY	

Check #:

Date Paid:

Account Code:

13-5310-0-0000-3700-8634-030-0801