

SCOTT COUNTY SCHOOL DISTRICT 1
 NUTRITION SERVICES
 REFUND REQUEST FORM-SCHOOL MEALS

If you would like to request a refund of funds from your students account, please complete this form and return it via one of the following:

District Central Office: 255 Hwy 31 South, Austin, (drop off in person Office hours 8-4)

Mailing Address: P.O. Box 9 Austin, In 47102

If you have any questions, please feel free to contact Mary Baker,

Phone: 812-794-9621

E-Mail: mary.baker@scsd1.com

Refunds will be processed following the monthly board meeting and checks will be mailed out as soon as processed. Please make sure to enter your correct mailing address.

Student
 Information

	Student Name	Student I.D.	School Name	Refund Amount
1				
2				
3				
4				
5				
6				
7				
Grand Total				

Parent
 Information

Parent/Guardian Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Parent/Guardian Signature:		

Office
 Information

Total Refund Amount:
Date of Refund Request:
Office Signature: